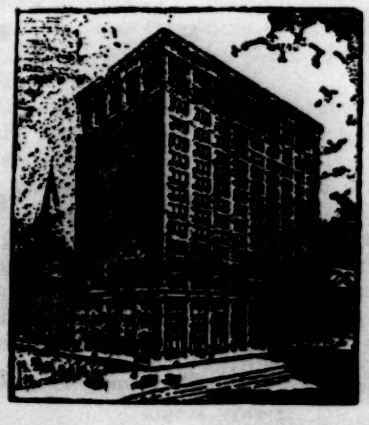
The American Journal of
NURSING

VOLUME XXVI APRIL, 1926 NUMBER 4

Mrs. Pepys Visits Headquarters

BY ELISE VAN NESS

HEARING through the doctor, whom Sam did call in when I was ill from a fever, and from acquaintances, as well, that the pretty nurse who did minister to me was a member of a great profession which has a headquarters at the Penn Terminal Building in this city, in which records of high import are guarded and from whence sundry letters and much matter on nursing and health are sent forth, I did decide to hie me to the place where the good ladies make their abode that I might learn more of them and their ways.



Awoke betimes on Saturday and, of a mind to array myself in valiant attire; did on my gray faille and my fine new cloak of squirrel which Sam did admire though harping upon the price withal, and so bade the boy procure me a cab. Anon, we did set forth at a pace which made me ponder doctors and nursing more than is my wont, and to call the plague upon the driver, but Zooks! I wished the fiendish speed back again when we struck the avenue.

Sam did tell me the Penn Terminal Building was named after a great Colonial gentleman, and was in the environs of the Hotel Pennsylvania on Seventh Avenue. My driver, the great zaney, presently stopped with grinding sounds, and with a grinning countenance, did tell me my journey was ended. Mightily pleased at this, I did alight, feeling a wear and tear on my nerves which I have always held to be delicate, but Sam and I not in accord in this matter.

Anon, discerned before me a structure so high I must needs bend my head back to descry the top. Entering tall doors that did remind me of a temple, I was faced by four lifts, a lusty doorman pointing out to me with kindness the one which would ascend to the nurses, who would be discovered on the fifteenth floor from that on which my feet rested.

A man inside the elevator made great

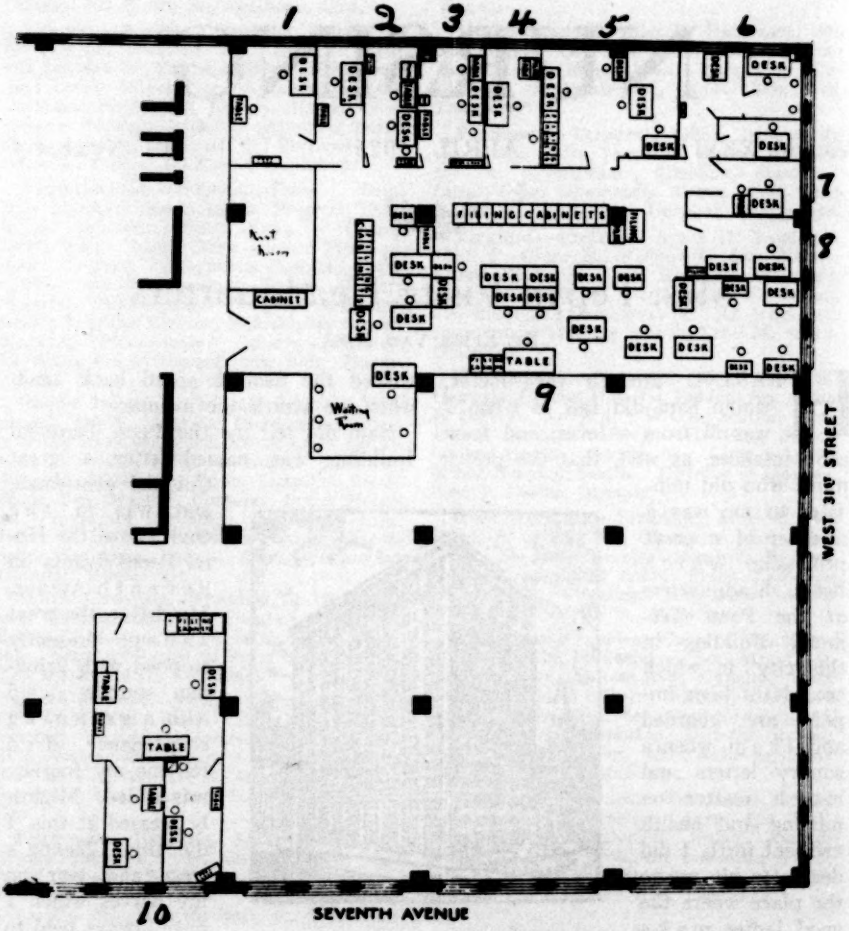


DIAGRAM OF HEADQUARTERS

1. Committee on Grading of Schools of Nursing.
2. Office of the Editor of *The American Journal of Nursing*.
3. Headquarters of the National League of Nursing Education.
4, 5, 6, 7 and 8. Headquarters of the National Organization for Public Health Nursing.
7. Office of Editor of the *Public Health Nurse*.
9. Space for office staff of the National Organization for Public Health Nursing, the National League of Nursing Education, and *The American Journal of Nursing*.
10. Headquarters of the American Nurses' Association.

Remaining space occupied by American Social Hygiene Association.

ado of crying, "Up! Up!" but Zooks! the vehicle did remain quite still. But presently, when others, desiring also to ascend did enter and press so close upon me that I felt half suffocate, the simpleton did decide to start.

I dare say many folk do call upon the nursing women in a single day, for a goodly number did quit the elevator with me. Ahead of me I did discern, anon, a door on which was printed in bold type "American Nurses' Association," and I did enter, curiosity and trepidation mingled.

Here, a well looked woman, whom I learned was the Director, gave me a warm welcome, and did ask me with a smile to make myself at home. Three offices in a fine cluster there were about me, the furniture strong and sensible, the desks lighted by much sunshine.

It did interest me greatly to learn the size of the American Nurses' Association, there being I think about 50,000 members and associations in each of the states, and in Hawaii and Porto Rico as well. Here also, the director did tell me the records of the association were guarded, pointing me out drawers with such great numbers of papers filed, that I felt awe at the amount of information which was enclosed therein. It seems that any nurse no matter in what state she may abide, who desires information on the profession to which she owes allegiance, may write and be answered betimes. There is maintained also a mighty Nurses' Relief Fund for sick nurses who feel financial need, there being, I think, about $119,000 in the fund at present, which was pretty to hear.

By this association a list of what is known as the Accredited List of Schools containing the names of all the good schools of nursing in the land is published every even year, and a digest of laws of the states is also sent forth. I did treasure these facts to tell Sam, for he did opine last night that I was dull from too much gadding.

In these offices found I also the desk of the field secretary who, I learned, is now on a jaunt through the states, and the Director of this organization did tell me that a publicity secretary sends out material on nursing activities, and others do work here daily to assist in the business of the offices. It appears to me that there are fine things here.

Anon, offering thanks to the worthy Director, I made to depart when she did tell me that two other nursing organizations were on the same floor so closely allied, it seems, that the representatives of one do see the women of the other two daily. They are by name the National League of Nursing Education and the National Organization for Public Health Nursing. Murmuring the titles to myself that I might so remember them, I hied me to the office of the first.

The League, I did learn, comprised those nurses whose duty it is to give a sure technic to those who would adopt nursing as a profession, which put me in mind of the hard work the young woman who nursed me did so cheerfully perform, and I was mightily pleased that more young women are willing to become learned in nursing.

Thence by a short passageway, I did reach a great office in which were many young women conning weighty documents and strumming the keys of typewriters with gestures that did put me in mind of Sam's niece at the pianoforte. This did I learn was the sanctum of the secretaries, stenographers, and other office dignitaries whose duties I was told, but forgot. Tables and desks, there were in all directions enough to accommodate the Exchange.

By and by, comes a tall, slender woman with dark hair, whom I did learn was the Editor of *The American Journal of Nursing*. Methought it was

strange to find her so quiet and gentle in manner, for Sam did tell me that most writers are loud and boisterous, and I have seen many that were always leaping, vaulting or clambering.

Sam did tell me in a merry mood on Sunday that anyone, to whom the passage of time is too slow, may shorten the span happily by editing a magazine. Remembering it, I did learn with interest that two magazines were edited and published by the nurses, but one I gleaned is for nurses with affairs of such public weal that they include the term in their title. Of this, more presently.

Seating myself in the office of the tall, slender editor, I did to my great content discourse with her, and discovered to my astonishment that she was learned in both nursing and writing; that the nurse I had in my employ, I being ill of a fever, was a private duty nurse, and that these nurses are the mainstay of the profession. Anon, the editor showed me some of the proof of the pages of the *Journal*, and I did marvel that more than 22,000 read and understand the articles each month, for some of them were passing technical for my lay intelligence.

Presently, I met in the next office an executive secretary, whose name had in it many syllables, who did discourse to me of the education of nurses. Seventeen hundred schools there are, I did learn, which are concerned with nursing erudition, and I was astonished at the hard subjects which must be got into mind if one is to become a nurse. What ado it must mean to be the instructress of these young women when the students are required to gain such a weight of knowledge! A niece of mine having expressed a desire to become a nurse, although she may not, the young goose, I asked the secretary if she could tell me a good school, and she did discourse with me on the Accredited List and the Revised Curriculum which is to be published in the summer. A pretty pamphlet, she gave to me, withal, setting forth opportunities for nurses and another leaflet called The Challenge, and a cheerful poster. These things I guarded carefully to show Sam, but was put in mind that I would take a taxi to my abode rather than risk the valuable papers in a bus. It seems that Leagues are formed in 28 of the 48 states and nurses who desire advice on nursing occupations in any one of the 28 or the whole number may secure it at headquarters.

Whilst discoursing with her and conning the name of the association lest I forget it, I learned withal that two offices the other side of the *Journal* will be used by the Grading Committee which is to work upon the grading of schools in all the states. Sam is better at such details than I, though I have never led him to believe so, but I opine the scheme will be a fine thing for us lay people and the nurses.

Having great discourse with the Director and finding that this organization was the central division and standard-making body for all those who are concerned in administering public health service, I remembered what plight Sam was in, poor wretch, when he came home one day announcing he was made chairman of the directing board of a visiting nurse society and he not knowing whether a nurse was fair or poor in duty so long as she was comely in appearance. So to collecting all the pamphlets and the literature that they would give me that I might regale him with the many services he could make use of and he seeming the more intelligent therefore in the eyes of the board.

A thing that did impress me beyond words was the census of public health nursing which has been taken by this organization which one speaks of glibly as the N.O.P.H.N. It seems there are 11,171 young women engaged in public

health nursing and it is one of the great things of the times, there being 3,269 agencies throughout the country administering this service and here was the most amazing collection of data on their work that ever I saw in my life. Besides our visiting nurses which go from house to house where new-born babes lie or there are other folk needing care, there are those who work alone in frontier parts of the states and endure bitter hardships which make the hair raise to hear of, and those who look to the school children teaching them health habits in a pleasing manner. And for all of these nurses and agencies this N.O.P.H.N. stands ready to give them advice, information and help in their problems that are quite too many and too complex for my brain to think of. About this cluster of offices, I did take what occasion I could to discourse with all the young women, and Zooks! the mirth it did cause one girl whom I did mistake for a nurse and she not one.

Betimes, I did enquire where I might find the other Editor, and it was a glad consideration when I was conducted to her office. She was not so tall as the first, but did invite me to have a chair with a fine show of rhetorique that betrayed her calling. She gave me a copy of her magazine, the *Public Health Nurse*, and a pretty blue cover it had, nearly a match to the new curtains I have in my bed chamber which I do doate upon but which vex Sam whenever he sees them, for I did buy them when his household funds were low and his accounts high. But much pleased to discover in turning its pages a department called "The Problems and Practices of Public Health Service," which I shall mark and present to Sam with much show of superiority.

We did discourse on sundry topics and I did tell some stories to the Editor's liking, she laughing heartily at my wit, and I mightily pleased. Anon, feeling hunger, I did arise to leave, already pondering what style of bonnet I would purchase on the avenue. But the public health editor did desire to complete my information and revealed to me that many other health organizations and workers have their offices here on the same floor and on the floor overhead. Among them is the National Health Council, one of the great health organizations of the land. Indeed, before me, beyond a low partition, was the Social Hygiene Association, and a brave sight it was. I did glimpse in company with the Editor, doors with fine lettering upon them, and big, sunny offices. There were the Mental Hygiene Association, The National Tuberculosis Association and yet more associations to a goodly number, working for well-being of every description.

Mightily pleased with the Editor's kindness, I did thank her with much profuseness. With joy I find myself possessed of so much knowledge and to have gained it with so little effort on my part. It did put me in mind also what an important thing my health is to me, and I did ponder how brave a thing it is that all these offices are conducted for my well-being and for that of others. Then, too, it mayhap will be a good point to bring forth when I am ailing and Sam cries fie upon me for a poor spirit and constitution.

Reasons for Attending Alumnae Meetings

BECAUSE we like to continue the friendships we made when in school.

Because we think that our school is a good school and with our alumnae interested in it, it can be made a better school.

Because of our friendships, our memories, new social contacts, pride in another's accomplishment and again the inspiration from another's mind and soul, we have much enjoyment in our Alumnae Association.

—*Michigan State Nurses' Association.*

Harmony Circle's Floating Nurse

By Mildred Sherman Sloan

IN AN effort to provide the maximum of attention for the patient unable to pay for special care, the Memorial Hospital, of Syracuse, N. Y., has introduced an innovation in the form of a "floating" nurse. The duties of this nurse are to give individual care to occupants of ward beds when they require more attention than the regular ward attendant has time to give them.

This "floating" nurse has been found to be of inestimable value, not only greatly adding to the comfort of patients and relieving the ward nurse, but in many cases the ultimate recovery has been largely due to her care. The custom of providing a special nurse for patients without extra charge was established about three years ago. Since that time scores of cases have been benefitted by her services.

One of the most difficult problems of a hospital,

said Elizabeth MacDill, Superintendent of Memorial Hospital, in speaking of the matter,

is the very ill ward patient who needs constant attention, care that the ward nurse with her many duties cannot give without neglecting her other work. A typical case is one of gonorrheal ophthalmia. We have been able to save the eyesight of babies brought in suffering with this disease by the constant care, night and day, of the floating nurse. Eclampsia cases and many others require an individual nurse and frequently patients are absolutely unable to pay for a "special" nurse.

This extra service is planned as follows: The fund available provides for a nurse on twelve-hour duty every day in the year. Sometimes there is no need for such service and the amount accumulates, so that when the necessity arises both a day and night nurse may be employed or, as occasionally happens, there may be two cases in the hospital simultaneously needing special care.

The method by which the fund is raised to pay for the floating nurse is interesting. In connection with Memorial Hospital is an auxiliary composed of women, known as Harmony Circle. The hospital is aided by the Community Chest, an organization of sixty charities of the city which holds a drive once a year to raise funds for all. The members of Harmony Circle devote themselves to providing for the institution many extras which are not included in the expense budget allowed by the Chest. Among these is the floating nurse. The amount necessary each year is $1,825 and this money is pledged by the members, each one being responsible for the salary for a certain number of days. All members of the Circle contribute generously to the hospital but it is their pleasure to make the fund for the floating nurse a separate and distinct affair for which they earn the money in some way. One member who owns a beautiful country place which includes a pond in which are bred gold fish, sells the fish. She also sells chestnuts from the trees on her estate to make the amount she pledges. Another who has an excellent recipe for mint jelly makes that and sells it. Still another sells flowers from her garden and another gives the receipts from the disposal of her old clothes and automobile tires. One member, clever with her needle, makes and sells aprons.

As the result of these efforts, the members of the Circle have the satisfaction of knowing each day that some poor sufferer is being provided with the care that not only makes the suffering more endurable but hastens recovery and may even be the means of saving a life.

Epilepsy in Childhood

By M. G. Peterman, M.D.

ESSENTIAL or idiopathic epilepsy is one of the oldest diseases of mankind. It is found in all races in every clime. The incidence is estimated to be .4 per cent of the population. From the discussions of the disease by historians and from the various treatments offered by the earliest medical writers it may be assumed that the disease in its various forms was not uncommon in earliest history. Up to 1920, 1,200 "cures" for epilepsy had been reported, which is sufficient evidence that there was no effective treatment for this disease.

Until the introduction of phenobarbital (luminal) into the U. S. Pharmacopeia (about 1910) the medicinal treatment of the convulsions of epilepsy was practically limited to the use of the bromine derivatives. Phenobarbital is a valuable drug in the treatment of grand mal epilepsy. It has little effect on petit mal attacks. The bromides, advocated about 1861, remain the most popular form of treatment of this disease, probably because of the ease of administration and because the immediate effects are good. Bromides usually control the convulsions of epilepsy for short periods of time. Their continued use leads ultimately, among other effects, to mental deterioration, perhaps greater than that which develops in untreated epilepsy.

Essential or idiopathic epilepsy may be defined as a chronic disease of the nervous system characterized by periodically recurring convulsions, lapses, or abnormal mental states occurring in individuals with a constitutional inferiority or personality defect but with no demonstrable pathologic lesion. The etiology of the disease is not known. The immediate cause of the epileptic attack is probably a disorder of the metabolism possibly associated with a change in the acid-base equilibrium (toward the base or alkaline side). The psychologic element may also be a factor in producing the seizure.

Great astuteness is essential in making the diagnosis of epilepsy in children since many other diseases may cause convulsions simulating epilepsy. Among these diseases may be mentioned tetany, encephalitis (epidemic and post-infectious), brain tumor, traumatic epilepsy, pyknolepsy, and the onset of acute infections, all of which require special treatment. Most cases of epilepsy begin in childhood, the majority before the tenth year (almost all before the twentieth year). Many cases of grand mal occur nocturnally at the onset and hence remain undiagnosed for a long time. The lapses or staring spells of petit mal are often mistaken for indifference, deep concentration, etc., and hence the diagnosis delayed.

There is considerable evidence that epilepsy is associated with a metabolic disorder. The capricious and inordinate appetites; the common histories of chronic constipation, of "stomach trouble," and of "food reactions"; the periodic recurrence of attacks; the nature of status epilepticus; the increased toxicity of the urine obtained during attacks; (and in women, the cessation, or the primary appearance of attacks, during pregnancy) all suggest coincident if not primary metabolic disorder. The most convincing evidence of a metabolic disturbance is the response of epileptic patients to treatment. Starvation, if continued, will usually be followed by a complete cessation of all attacks of epilepsy in children until food is again given. Some good results in treatment have obtained

following hydrotherapy, purging, a careful regimen, psychotherapy, or best by a combination of all of these adjuncts. The most striking results of treatment follow the institution of the ketogenic or high fat diet.

The Ketogenic Diet

The ketogenic diet consists of minimal amounts of carbohydrate and protein with relatively large amounts of fat. The diet is so-called because the large amounts of fat are incompletely oxidized or burned in the presence of the minimal amounts of carbohydrate and protein. This incomplete oxidation produces an accumulation in the body of the ketone substances, betahydroxybutyric acid, acetone and diacetic acid which would be completely oxidized to carbon dioxide and water were there enough carbohydrate available. (Protein must be considered as largely carbohydrate since 58 per cent of protein is converted in the body to glucose). The ketone substances may be demonstrated in the exhaled air, urine, blood and other tissues. The diet also produces a tendency to acidosis.

The ketogenic diet consists of a daily food allowance of from ten to fifteen grams of carbohydrate, one gram of protein per kilogram (2.2 pounds) of body weight, and enough fat to supply the remaining calories. The caloric requirement is usually calculated by measuring the basal metabolism directly, or computed from standard tables (as Du Bois') according to age, height and weight (body surface area). The required calories may be calculated as approximately 30 per pound since the fat is further adjusted to keep the body weight at approximately normal for the age and height (Baldwin-Wood tables). Over-weight patients are reduced to normal and under-weight patients are kept at admission weight until the diet is well under way. The vitamin and mineral requirements are supplied and water is allowed freely.

The diet may be begun after a period of starvation until all attacks have ceased (if feasible) when the diet prescribed is begun immediately or, most commonly, the diet is instituted by a gradual restriction of carbohydrate and protein, with a simultaneous increase in the fat allowance. The carbohydrate is reduced from the accustomed allowance to 75, 50, 35, 25, 15 grams on the five consecutive days; the protein is decreased at the same time to 60, 50, 45, 40, to 1 gram per kilo of body weight. The fat allowance beginning at 75 grams is increased to 90, 110, 125, 140 and up.

The attacks usually disappear concomitantly with the onset of ketosis. However, the fat is increased indefinitely until the attacks cease. As much as 7 grams of fat have been fed, to each gram of combined carbohydrate and protein. The carbohydrate allowance should not be less than 10 grams. In older children 2/3 of a gram of protein per kilo may be given for short periods if further carbohydrate restriction is desired. Any tendency to nausea is easily overcome with orange juice or glucose solution.

After the attacks have ceased for two to three months, the protein allowance is increased 10 grams. With an additional month of freedom of convulsions, the carbohydrate is increased 10 grams, and the following month allows a decrease in the fat allowance of 10 grams, depending on the patient's weight, which should now be made or kept normal. Each patient demands individual dietary adjustment. The desired results obtain only when ketosis is produced and maintained, when the weight is kept at the desired level and, of greatest importance, when the patient has been taught to coöperate. Unless

these conditions obtain the diet has no effect. Most patients, even as young as six years of age, may be taught to refuse all food not included in the diet. Regular hours for meals, sleep, and a daily bowel movement are specified. Physical exercise in moderation and all normal activities are allowed.

Over 65 patients are now making normal growth and development on the ketogenic diet.

Peterman, M.G.
Ketogenic diet in the Treatment of Epilepsy
Am. J. Dis. Child 28; 28-33, July, 1924
Minn. Med. 7; 708:711, Nov., 1924
Med. Clin. N.A., Jan., 1925-1351
J.A.M.A. 84; 1979-1982, June, 1925
J. Diet Adm. & Therapy, 1925, and to be published, 1926.

Improvisations in Private Duty Nursing

By Emma van Cleve Skillman, R.N.

WHEN planning to nurse in a rural district, many miles from a drug store, it seemed prudent for me to prepare for emergencies by carrying some simple equipment with me. I found that a fairly small kit, which could be put into a suitcase, would be more convenient than an extra leather bag, so I made a kit to fit my purpose.

The outside is of cretonne, and the lining of unbleached muslin; between is corrugated pasteboard, which serves to protect the glass articles. A pocket at each end holds the larger articles, and the small ones are slipped into loops of elastic. Side flaps made to fold over the small articles also have elastic loops to hold a hypodermic case and a bottle of alcohol.

In the three years that I have used my kit it has proved a very helpful companion. When nursing in remote districts, every article has been used many times.

Before leaving a case, I boil or sterilize in a disinfectant each article that I have used. On reaching my source of supplies I replenish the stock.

The original cost of the outfit and the supplies used is very small. The patient replaces the canned heat or cotton if my supply is all used, and pays for any articles damaged from wear or worn out—though this happens but seldom.

Sterilizing supplies in homes in the country presents many problems. In the ovens of wood fires, packages either burn or are not heated sufficiently to assure sterilization. With stoves burning coal, almost the same difficulties present themselves. The most successful method in my experience is this: I place packages to be sterilized in a colander or wire basket, used for frying in deep fat, and immerse in a kettle holding sufficient water to cover the packages. After boiling ten to twenty minutes, I drain off the water and place the whole apparatus in the oven. When

the packages are dry on the outside, I remove the colander from the kettle and finish the drying in the oven.

When nursing a maternity case, I found this method took quite long enough time for sterilizing pads and compresses, so I evolved another method for sterilizing cotton balls and swabs. Small wide-mouthed mayonnaise jars were easily obtained and were of a convenient size. I packed two, each morning, with cotton balls (to be used for cleansing the vulva), filled the jar with water, covered with its lid, and boiled in a covered kettle. After boiling ten minutes and cooling, I poured off that water and poured on 1 per cent lysol solution (made with sterile water), and the balls were ready for the day. They were easily removed from the jar with forceps kept in lysol solution. A pitcher of lysol solution heated to the proper temperature was of course also used.

Swabs for cleansing the mother's nipples can also be packed in a mayonnaise jar covered with a 2 per cent boric acid solution and boiled. The handles of the swabs must be out of the solution, leaving only the wrapped end in the boric, to avoid dipping the fingers in it when removing the swabs. The best features of these jars are the wide mouth and the cap which fits well.

Cornucopias of newspaper are indispensable for use in cases where material must constantly be destroyed.

A pile of flat pieces of newspaper, cut a convenient size for wrapping dressings, etc., is also useful when the material is put into a scrap basket instead of into a covered dressing can.

When going on a new case in a home, I mentally sort out all the small movable objects in the room into two classes, —useful and useless. Gradually, consulting the patient or a responsible member of the family, I remove all objects which are not useful to me and to my patient, or a particular delight to my patient.

Since the furniture, bedding, bureau covers and other belongings must be cherished, I believe preventive measures are best. A plain scarf or even a fresh towel is almost as dainty and much safer to use than a favorite embroidered cover. Old sheeting and newspaper pads save a mattress from stains when a rubber sheet is not obtainable.

When alcohol or medicines must be poured in the patient's room, it is a precaution to keep the bottles on a tray, a large platter, a piece of oil cloth, or even a newspaper.

By taking thought, many little conveniences may be worked out to fit the home and circumstances. Every branch of our profession develops some particular traits. Private duty nursing, especially in out-of-the-way places, enlarges one's bump of ingenuity.

May Day—Child Health Day

MAY Day committees were organized last year in a number of larger cities and towns. The Chairmen will be asked to take the initiative again this year. It is suggested that, in other communities, the initiative be taken by the local units of the General Federation of Women's Clubs, Parent-Teacher Associations, Red Cross Chapters, Posts of the American Legion, Boy Scout or Girl Scout Troops, or units of the National Tuberculosis Association.

Although the span of life has increased from 49 years in 1900, to 55 in 1925, this is considered by the American Child Health Association cause for gratification but not for complacency. The average middle-sized city of the United States has only about half of the health facilities it reasonably should have. The celebration of Child Health Day offers a suitable opportunity for focussing attention on the health agencies of communities of all sizes. The American Child Health Association, 370 Seventh Avenue, New York City, offers an excellent Plan Book for Child Health Day at ten cents per copy.

Rank for Nurses

What Have Five Years of Rank Done for the Army Nurse Corps?

By Julia C. Stimson, R.N.

IT IS now just five years since Congress passed the bill giving relative rank to members of the Army Nurse Corps. Though it will take a somewhat longer time to judge at all adequately the full effects of rank on the Nurse Corps, sufficient time has elapsed to review the advantages or disadvantages felt up to this time.

Probably the place where the effect of rank was soonest felt was in the headquarters of the Corps. Rank brought about a marked change immediately, in status and in the performance of daily duties, in the office of the Army Nurse Corps in the Surgeon General's offices. Before the passage of the Act, the Superintendent of the Corps, although entirely responsible for the distribution of members of the Corps, for their appointment, promotion, demotion, transfer, discharge, etc., never herself signed a single order regarding these matters. During the war, when her office staff consisted of about eighty persons and when appointments to the Corps were at times made at the rate of a thousand a week, and when upon her rested even the responsibility of ordering groups of nurses for foreign service, a messenger was kept going back and forth down the corridor to another office carrying baskets piled high with orders. These orders were all issued by her, yet had to be signed by a man officer in the Personnel Division of the Medical Department. This officer had time scarcely to read what he was signing or to know anything in detail about the work of the Nurse Corps, but upon him had been placed the duty of signing official papers from the Corps.

From the moment the Surgeon General had been notified by telephone that the President had signed the bill which included the provision for rank for the Nurse Corps, and had himself pinned upon the shoulder straps of her uniform the gold leaves of her rank, the present Superintendent began to sign her own official papers, as does the responsible man head of any bureau, division or corps of the Medical Department, "For the Surgeon General." Thus the position of Superintendent at last was coupled with authority and the privilege of being held responsible for her own official acts. Inclusion in all official ceremonies has also come with rank to the headquarters staff, and participation in all affairs, of whatever sort, to which the heads of the other Corps are summoned, is now expected without question of the head of the Nurse Corps. Frequently she is the only woman present in conferences of officers, but because of her rank there is no question about her right to be there. As a consequence of all this the administration of the affairs of the Corps has been greatly facilitated by rank.

Because no members of the Corps, except those on duty in the Surgeon General's Office, are ever required to wear outdoor uniforms, the O. D. Norfolk uniform with rank-signifying insignia on the shoulder straps is rarely seen on the streets and is not generally known to the public. Even in Washington, the Nurse Corps uniform still arouses curiosity and causes comment. In spite of this one embarrassment, there seems to be no question that relative rank has dignified the Corps —made its status in the Military

Establishment definite, unmistakable and unquestionable, and brought about an ease and celerity in the mechanics of the administration that cannot be disputed.

A very great privilege has been extended to the Corps, since Army nurses received rank, in the opportunity for special courses in civilian institutions on full pay and allowances and with tuition paid by the Army. A certain percentage of the officers of the Medical Department is allowed this privilege and after the nurses became officers, the appropriation for the purpose was "for tuition of officers of the Medical Department including the Army Nurse Corps." Eighteen different members of the Corps in the past five years have benefitted by this provision and have taken courses varying in length from six weeks to the full academic year.

But what do Army nurses out on posts and in general hospitals think of rank? How has it affected them? In order that the entire Corps might be represented in this summing up, a questionnaire was sent to groups of the Army Nurse Corps all over the United States, in the Philippines, in Hawaii and in China. Six specific questions were asked, each of which will be taken up later. Also opinions were asked about general questions such as these:

If another great emergency like that of the World War should arise, would the status of the Nurse Corps be better than in 1917; would the Corps be able to function better now because of having rank? Has it been a good thing from the point of view of the profession? Would the members of the Army Nurse Corps, if asked, advise the Navy Nurse Corps, or other bodies, to try to secure similar legislation?

At the time of writing, 41 replies have been received, representing approximately 700 nurses.

No matter how varied the opinions about other aspects of the effect of rank, members of the Nurse Corps are almost unanimous in considering that rank would be of immeasurable help in another emergency such as the World War. This opinion is strongly pronounced in the letters of women who served in the last war without rank. That rank would help in "mobilization, transportation and assignment of quarters" is one of the first advantages mentioned. A paragraph in one letter brings out the most important point:

If we were to have another great emergency like the World War, the Army Nurse Corps would *function much more efficiently* because of having rank than it did in 1917 and 1918, when every commanding officer of a hospital was the determining factor in the status of nurses in his command, each one having his own ideas about them, and how they were or were not to be treated. Consequently some considered and treated them as officers, others as soldiers, others as civilians, with a resultant endless amount of confusion, lack of coöperation, and waste of time, trying to find out, militarily speaking, "Who they were."

A few nurses seem to think that rank has made no difference in their peacetime activities, yet, when asked, they would not like to have it taken away, so they must feel some advantage, even if undefinable. Most of them, however, think that rank is a distinct advantage, felt in many ways. The chief nurse of an Army hospital, with 138 nurses under her, finishes her letter in this affirmative manner:

Rank has done a whole lot to increase the efficiency of the Army Nurse Corps, because of better coöperation from both officers and enlisted men, due to the authority that goes with rank; because of the psychological effect on the individual nurse by giving her a definite status, and because of an indirect reaction on the patient even though his professional care would be just the same whether the nurse had rank or not.

Another chief nurse brings out a significant point:

With the soldier, trained as he is for years to look up to commissioned officers, even relative rank has helped us to secure better coöperation and more prompt compliance

with requests. . . . It has helped to overcome the feeling, almost universal in a certain class, that women are men's servants.

The nurses seem to take it for granted that it has been a good thing from the point of view of the profession, feeling that it has "in a general way helped raise respect for members of the nursing profession."

The problem of the Navy Nurse is somewhat different from that of the Army Nurse, in that much of her work is instruction of hospital corps men to whom is delegated the nursing of the sick on battleships, destroyers and submarines. Although feeling that Navy Nurses are always given great respect, a Chief Nurse now serving in the Army, who was a member of the Navy Nurse Corps for almost seven years, thinks: "It would be an excellent thing for the Navy Nurse Corps to try to secure similar legislation" and she is sure they would accomplish more and have more satisfactory results if they had the same rank as the Army Nurse Corps. She adds that rank has made a tremendous difference in traveling on Army transports. "There is now no question as to where we are to be placed."

After taking up these general questions, it will perhaps be better to list the six specific questions asked in the questionnaire and quote a few of the most significant answers.

(1) Has rank for nurses made their work on the wards easier in any way or has it hampered them in the performance of their duties? Have they been able to take better care of their patients with it or has it made no difference so far as their actual work on the wards is concerned?

Answers ranged all the way from a decided negative to an equally decided affirmative.

A chief nurse tells of the indirect effect upon the patient in a paragraph which shows that neither she nor her commanding officers were aware that regulations existed, since early in 1917, to prevent just such difficulties as she describes:

I have known of several instances before rank was granted the nurses when the wardmaster, by order of the ward surgeon, carried the keys of the medicine cabinet and linen closet and the nurse would have to ask the wardmaster to unlock them for her when she needed medicine or linen for her patients. More often than not the wardmaster was off the ward with the keys. There seems to be a difference of opinion as to the benefit in the actual care of the patients in the ward, but it seems to me that in any ward *where there is less friction among the personnel, it must be of great benefit to the patients.*

Undoubtedly the following is true:

Occasionally a nurse comes in contact with a patient who demands a little more than the fact that he is dealing with a woman or a nurse to enforce the necessary discipline, and the authority that goes with rank seems to impress this particular type of patient.

(2) Has it made it easier for them to secure coöperation from the soldiers and assistance in the work of the hospital?

This seems to be a moot question. Most of the nurses think that "In an issue soldiers carry out an order more willingly when they know that the nurse ranks as an officer and must be obeyed."

(3) Has it made any difference in the attitude of officers toward nurses in the daily work of the hospital?

Quite a number feel that relative rank has made no difference in this respect and "The attitude of the medical officers remains the same, doctor and nurse, with the interest and welfare of the patient their first consideration."

But a few argue, "Naturally, rank playing such a large part in the determination of the policy of the Army, the lack or possession of it cannot but affect the attitude of its members."

Several speak of difficulties at first. "There was a strong tendency on the

part of many officers, the first few months after the bill had gone through, to shift much of their responsibilities upon the nurses." The officers, suggests one chief nurse, "were jealously guarding their rank against invasion, but gradually that feeling is being overcome and as time goes on greater benefits may be obtained."

(4) Has it made any difference in the attitude of the military community to the nursing staff?

To this question there were very interesting replies, varying greatly and the difference in military posts seems to have somewhat to do with this. Several groups of nurses consider that they "have a certain social status now which we did not have before the war."

Again, "Nurses at this station are accepted as any other officers and are included in the social life of the Post, a condition I did not find existing before the measure was passed."

A few think that the change has been a slight one and some two or three groups can see no difference at all, but the overwhelming majority agrees that "Military communities have more respect and a more cordial attitude toward the nurses, both socially and in their work."

(5) Has it made any difference in the attitude of the civilian community to the nursing staff?

Nurses on large posts are not so much in contact with the civilian community and do not notice any difference or, if they do notice a difference, add that it "is more noticeable in smaller stations." After all, rank has not such a definite place in civilian life as in the Army. Yet six or seven chief nurses notice quite a difference and write of a "higher regard for the Army Nurse Corps (among civilians) since we have had rank."

(6) Can you think of any benefits, at all, that have come from having rank?

This brought out aspects of the subject which one would never otherwise have thought of, such as the fact that rank has evoked a more cordial attitude on the part of women patients, wives of officers.

A very practical point: "Through possessing relative rank we have been placed in the Officers' Section of the 'Pay Bill,' and this has brought us material advantages though not the pay of the grade."

Benefits of the officers' annual physical examination, the decidedly increased freight and baggage allowance, added commutation of rations, insurance privileges, being members of officers' clubs and benefits while traveling under orders, are some of the items mentioned in particular.

Finally, there is the personal side of it, usually expressed in this manner:

> It has been a source of great satisfaction to realize that (Army) nurses have the right to a defined status, and are not dependent on courtesy that might or might not be extended to a working woman.

Clean-up and Rat Extermination Campaign

THE Twentieth Century Club together with 187 Federated Clubs and other associations and the Board of Commerce have combined forces in a splendid piece of work—a Clean-up and Rat Extermination Campaign. The campaign will continue throughout the month of April with the avowed purpose of having the city in tip top shape by May 1, —Child Health Day. The success of the program depends upon the active coöperation of every householder in the city. The Department of Health heartily endorses the campaign and urges that active coöperation on the part of every citizen which is so essential to success. The same program will be taken up simultaneously in adjoining cities.

—Detroit *Weekly Health Review.*

Leisure Time in Nursing Schools

By Norma Sauer Selbert, R.N.

IDEALLY, all of the concerns of nurses are an indivisible unity. Distinctive fields, as service in the hospital and leisure, should not be looked upon as separate enterprises. There is no dualism. The experiences which come to the student nurse during hours in which she is on duty cannot be segregated from her experiences during hours in which she is free from stated necessary occupation.

If the student's activity while off duty is completely isolated from her activity in the hospital, then each field, her service and her leisure, will be less effective than it might be were there no separation between her service and her pursuits during spare time. If she does not see the connection between her work and her life outside of the hospital, then her service will become mechanical, and her free time will be fruitless.

Leisure time in schools for nurses should afford opportunities to carry to a satisfactory conclusion interests which may originate during the student's hours in the hospital. For example, a well equipped library in the dormitory may feed interests which are suggested by comments from literary patients. Convenient reference books may encourage the student to "look up" a term which she heard but did not understand on the ward. Her service in the sterilizing room may lead her to read a biography of Louis Pasteur, founder of the process known as pasteurization. Her work in the operating room may lead her to read a biography of Joseph Lister, founder of modern surgery. Novels such as Arrowsmith, Main Street, and Babbitt, may interpret her patients' background and the actions of those about her. Books as: "The Spirit of Youth and the City Streets" and "Children of Loneliness" may make the student nurse more sympathetic with the foreigners in her ward; and they tend to enlarge her conception of service. Hers is the kind of service in which all the rich and radiant forces of human life meet. Activities during leisure time should cause reflection regarding her experiences in the hospital.

Educators in schools for nurses have many opportunities to stimulate healthy interests; and they may make the period during which the student resides in the school a broader education than that of mere technical training. For example, in one school a superior teacher in materia medica pointed out the fact that many plants of medicinal value grew in the woods near the school. As interest in materia medica developed, the students conceived the idea of collecting samples of medicinal plants. This led to healthful, happy excursions into the woods during leisure time. At the close of summer they exhibited a herbarium which gave evidence of their genuine appreciation for materia medica. They all showed physical and social improvement which they ascribed to their activity as a group out-of-doors. These students learned that they could add many medicinal plants to their herbarium if they would plant and cultivate them in the garden about the hospital. The following year found them active and happy with their "medicinal garden project." They had real joy in the activity of gardening, and they learned a great deal about plants which have medicinal value.

Another socially minded teacher included a few facts from the field of astronomy, and a few facts about birds in her lectures on the care of tuberculous patients. She explained that patients who were compelled to stay in beds out-of-doors would be interested

to learn something of the outstanding heavenly bodies and the birds which they could see or hear from their beds. In order to enrich the monotonous lives of their patients, a group of nurses in this institution studied astronomy and ornithology during their leisure time.

The nurses in this institution also carried another worthy project during their leisure time. They edited a typewritten page which recorded those solaces which cheer the days of hospital patients. The patients soon realized that they were not alone in their fight for health, and the nurses enjoyed reading that which others found good and beautiful.

Student nurses in another hospital school claim to get a good deal of pleasure from a magazine which they write and publish monthly during their leisure time. They've called their publication *The Hemostat* because it clenches that which is vital.[1] What they publish as "vital" is mirth;—mirth which they discovered in their work in the hospital and in their free time. This little magazine records a lot of incidents which bring laughter and good cheer. It tends to develop the student's sense of humor and it also gives color and zest to what they do and see. It is a happy medium for making their nursing a part of their life, makes their lives easier to comprehend, and frees them from a sense of isolation and hardships. The mirth which they publish monthly counteracts the sobering influences which come from working with the sick and the dying. It helps students over hard places and keeps them from being introspective.

In addition to leisure activities which grow out of professional interests, the student nurse should be encouraged to play out-of-doors. Her work is carried on largely amidst disease germs, and out-door recreation is essential to keep her healthy. Tennis, croquet, riding, golf, swimming, gardening, skating and sledding will increase the muscular tone, oxygenate the blood, and foster happy thoughts. This will make her more fit to serve and enliven her patient, and it will develop contacts outside her immediate group.

However, "it is not enough to just introduce plays and games. Everything depends upon the way in which they are employed. Play tends to reproduce and affirm crudities as well as excellencies of surrounding life."[2] A program in which freedom of action is not tempered by forbearance towards others will be less effective as a means for promoting the physical health and moral welfare of students. The bizarre, the sensational activities should be avoided in order to guarantee opportunity to grow along such lines as will in turn promote growth. Students should realize that motion and noise are not necessary elements in recreation.

The course to attain the most from leisure time lies among the common, every-day affairs of life. It is therefore important that opportunity be afforded within and without the school for such social life as the student naturally enjoys. A place in which she may meet and entertain her friends is important to help her respond to approved standards of living; it encourages pleasing, kindly manners, and it facilitates the exchange of social interests. It tends to develop the ability to create friendships, high ideals and loyalties, and affords occasions to make adjustments. This fosters poise and self-control. Moreover, "the self finds its fulfillment, not in the cultivation of

[1] See *The Hemostat*, issued monthly by students in The Christ Hospital School for Nurses, Cincinnati, Ohio. (Happily *The Hemostat* is by no means alone in this field.—Ed.)

[2] Dewey, John, "Democracy and Education," page 230.

isolated pursuits and appreciations but in the identification of the self with ends that are appreciated in their social significance."[3]

The nurses' leisure activities should be the means for the realization of the worth-while things in life, and should admit her into many and varied groups. This includes education which fosters interest in social relationships and education which leads the student to realize the connection between her work and leisure activities. The problem of the school is to contribute effectively to both her work and her leisure activities. "And while it might be found that some materials of instruction chiefly accomplish one result and other subject matter the other, care must be taken to secure as much overlapping as conditions permit: that is, the education which has leisure more directly in view should indirectly reinforce as much as possible the efficiency and enjoyment of work, while that aiming at the latter should produce habits of emotion and intellect which would procure a worthy cultivation of leisure."[4]

[3] Bode, Boyd H., "Fundamentals of Education," page 178.

[4] Dewey, John, "Democracy of Education," page 293.

Communicable Disease Nursing in the Home[1]

By F. Ruth Kahl, R.N.

COMMUNICABLE disease nursing in the home by the Visiting Nurse has been a much debated problem. Is it a safe procedure? We are thoroughly convinced that it is not only safe but also necessary. The number of nurses who have had actual experience and training in Communicable Disease Nursing is all too small, probably due to the lack of opportunity for this training and experience, yet we all agree, and I can speak from my own personal experience, as to the inadequacy of theoretical training only. The hospitals are not only handicapped from a lack of nurses trained for this service, but they do not have sufficient beds to care for the number of patients suffering from communicable diseases. Aside from the number of patients for whom there are no available hospital beds, there are others who do not do well if taken from the familiar environment of their home into a strange hospital, for we must admit children do better in their own homes provided they may receive adequate care. When we consider the percentage of patients suffering from communicable diseases who are but children, for the greatest susceptibility to these diseases lies in the pre-school age diminishing slowly up to nine or ten years, we must realize the gravity of the situation, for what is to be the state of health of their adult life if care is not taken now to prevent complications, to safeguard hearts, protect kidneys, lungs, etc.?

May I quote just a few statistics from Moore's *Public Health in the United States:*

> In 1920, 3.3 per cent of deaths were due to communicable diseases of children; 3 per cent to other communicable diseases; 6.8 per cent to Bright's Disease and nephritis (acute); 8.7 per cent to tuberculosis (all forms); and 10.9 per cent to organic diseases of the heart.

Unfortunately I am unable to give the percentage of heart cases, of tuberculosis, and of nephritis, which have their origin in the complication of some communicable disease, nor yet the

[1] Read at a meeting of the Wisconsin State League of Nursing Education.

percentage in which the patient's resistance to infection was lowered by some communicable disease. It is not an infrequent matter, in taking a history, to find the patient has a communicable disease, then a lowered resistance for a long period of time, evidenced by minor illnesses, until a major infection occurred which brought him to medical attention.

This situation confronts any organization giving bedside care in a community. Can we meet it by giving doorstep instruction to the mother whose hands and brain already seem taxed to the utmost with her problems? Let us remember the inadequacy of theoretical training, only, for nurses, and the scarcity of nurses themselves having more than the minimum of preparation, and then consider the mother in her earnest attempt to care for her sick child. She needs directions not only for this care, but for the protection of her own health and of the remainder of her family and of the community at large, though she can scarcely be expected to think thus far in her anxiety for the sick. What are her chances of succeeding in her task, even though she be ever so willing and eager to be taught?

If instruction only, to the mother by the nurse, is inadequate, the only alternative seems to be nursing service, at least for a sufficient period to thoroughly demonstrate to the mother the care needed. Can the nurse without previous special training give this service to the community with safety to herself and that of her other patients?

With the advance in scientific study of our communicable diseases we find their control need not be such an involved and mysterious matter. We have learned that the causative pathogenic organisms require a favorable environment. They must have a proper degree of temperature, moisture, food, and darkness. Without the organism we have no disease. They enter the body in most instances through the nose or mouth, but how? Our cities are working hard to protect our water supply, our milk, and our food stuffs; but the city as yet has been unable to protect us from our own hands, though it does, with its contagion signs, warn us of the danger which confronts us.

The infecting agent in most of the diseases also leaves the body through the discharges from the nose and mouth or ears, glands, etc., and in but a limited number of diseases in the discharges from the intestinal tract.

With these simple facts as a foundation, may we not prepare our nurses, already well versed in surgical technic, to go into the home, give care to the patient, at the same time teaching the mother, that she may understand the need and the method of the care to be given? What are the important points to stress to the mother? Let us consider how simple we can make the procedure for her, in order that she may be able to carry on in our absence.

First of all, let us isolate the patient. This means a room for the patient only, capable of having good ventilation, as much sunshine, and as remote from the rest of the household, as possible. No one other than the doctor, nurse, and attendant, who is usually the mother, is to enter this room. Let there be no unnecessary furniture or bric-a-brac which only adds to the work in caring for the room and which may be ruined by the care necessary to thoroughly cleanse it. Of course, a table or chair is necessary for the patient's supplies,—his wash basin, toilet articles, and linens; another for the nurse's supplies,—water pitcher, wash basin, soap, hand brush, and towels; a pail of enamel or galvanized iron (probably one has been in use in the laundry) to receive the patient's bath water, used mouth wash,

left overs of liquid diet, the nurse's wash water, and water from washing patient's dishes; a boiler to receive the patient's linens directly from the bed; dishes for the patient's use; pan and towels for their cleansing; a supply of clean newspapers.

Before giving care, the nurse should be sure all supplies necessary for care are in the room, then she should don a sleeved apron which entirely covers her uniform, and pin a towel over her hair in lieu of a tight fitting cap. The mother should be instructed to keep a bungalow apron for this purpose large enough so that she can slip it on or off with ease.

All waste water (the bath water, mouth wash, liquid nourishment, left-overs, water from cleansing patient's dishes, water from cleansing nurse's or mother's hands) should be placed in the pail and later, after the nurse has cleansed her hands, taken out, covered, and thoroughly boiled; for we know that boiling is the most efficient and, at the same time, simple means of destroying the pathogenic organism.

The linens are taken directly from the patient's bed and placed in the boiler taking care not to contaminate the exterior of the boiler. These are to be covered with cold water and boiled for at least ten minutes. The patient's dishes may either be boiled after each using or kept in his room and thoroughly washed and scalded with boiling water at termination of the disease. The nose and throat discharges should be received in squares of old muslin, or paper napkins may be used, which the patient should be taught to place directly into a cornucopia placed at the side of the bed within his convenient reach. This is to be removed later, wrapped in newspaper, and burned. When the patient is allowed soft diet, left-overs of food are also to be securely wrapped and burned. At the completion of care, before leaving the room, the nurse thoroughly cleanses her hands and forearms, using the hand brush for the finger nails; she removes her gown, folding it outside in, and placing it in a paper bag with the towel for her hair, to be kept until her next visit. The mother is carefully instructed in the necessity of wearing a gown during any care she gives to the patient and the thorough cleansing of her hands afterward.

Before leaving the home, the nurse discusses with the mother the diet for the patient, the care of the room (a damp dusting being essential), any special orders the doctor may have left; she then discusses the health of the mother and of the remaining members of the household. If there are protective measures available, as in diphtheria, the nurse carefully explains these, urging that the doctor's advice in the matter be carried out. Before leaving the home the nurse again thoroughly cleanses her hands and forearms in the family bathroom, then she is ready to don her wraps, which have been left in an outer room with her district bag, and to depart.

At the present time in some localities, due to public sentiment and the fact that enough is not yet known regarding scarlet fever to determine who may be carriers, it has been found necessary to have the nurse caring for communicable diseases refrain from caring for maternity or surgical dressing cases. In other localities, however, it has been demonstrated that the nurse may with perfect safety care for her communicable disease patients as well as any other patients in her district, but using strict technic such as has been outlined. We know of no other field where a nurse has greater opportunity in her teaching, through doing, to build for better health in the community.

An Interesting Device

MANY nurses have worked out simple devices that facilitate nursing procedure but often their practical inventions are lost to the profession at large because they are allowed to remain undeveloped. Nurses in general would be greatly benefitted if more of their practical ideas were perfected and brought to light.

While preparing the day's formulas in an obstetrical hospital, it occurred to an ingenious nurse that the method of plugging filled bottles was inadequate. It did not seem consistent to sterilize all the utensils and nursing bottles needed and use expensive certified milk, only to leave the rim of the bottle exposed to the air, to dust, and to handling. Who knows how many germs may collect on this surface during a day? After the cotton plug is removed and the sterile nipple is put on, the milk comes in contact with this surface.

Upon investigation it was found that most large hospitals were following the wasteful plan of using cotton plugs, a few were using corks (equally poor technic), while a very few had developed the sound but slow technic of squares of waxed or crepe paper. It required much thought and experimentation to perfect the cap herewith illustrated which meets the requirement of technic and economy of both time and material. The tab makes it possible to adjust the cap, which can be boiled with the nipples, without breaking technic. Made of pure gum, the cap has excellent wearing qualities and is economical. Its practicality has already stood the test of busy hospitals and it has been adopted by the New York City Board of Health.

Made to adjust to bottles up to the eighteen ounce size, the cap can be used in hospital or in home medicine cupboards. It is useful in replacing tin caps such as those of mineral water bottles. It can also be efficiently used for capping test tubes of iodoform or other gauze packing.

Conservation of Children

CHILDREN can be consumed as well as trees. No one with any sort of common sense or patriotism questions the essential wisdom of the conservation policies initiated by Theodore Roosevelt, which first were restricted to the natural resources of our country, its forests, its coal, its oil, its minerals, but which gradually have broadened. It is inconceivable, therefore, that anyone will question a still higher form of conservation, the conservation of the health of our children. The babies of to-day will be, in a generation, the manhood and womanhood of America, guarding its ideals, controlling its destinies. It is a duty than which nothing can be plainer, to give at least as much thought and care to these children as we do to our natural wealth. No substitute will ever be found for healthy children.

—GOVERNOR PINCHOT of Pennsylvania.

Calculating a Nephritic's Menu

By Bertha M. Wood

NEPHRITIS is a disease in which there is an inflammation of the kidneys. There are two forms, acute and chronic.

Acute nephritis is more often found in young people and the chronic form is more common among people over forty.

The function of a normal kidney is to eliminate certain substances: viz., the nitrogenous products of protein metabolism in the form of urea, uric acid, etc., certain inorganic salts, especially sodium chloride, water and organic compounds produced by bacterial action. When the function of the kidney is interfered with from any cause, the process of elimination is disturbed.

A starvation diet does not rest the kidneys as it does some other organs, as the by-products of the body metabolism are produced during starvation and must be eliminated and the kidney has its function to perform. In normal life foods are consumed without any thought as to their final reaction. The body keeps its alkaline balance by excreting excess acid through the kidneys.

From these facts we see that an excess of protein in the diet or an excess of acid-forming foods puts extra work upon the kidneys and may be a factor in the impairment of these organs. Most high protein foods are acid-forming with the exception of milk.

The facts just stated explain why it is customary to receive a prescription for a nephritic patient with a low protein diet order. The kidneys must be rested as much as possible, to allow them to be repaired and to return to a normal condition in acute cases, and to prevent further damage in chronic cases.

Various tests are made to determine to what extent the kidneys are unable to eliminate the various waste products, three of which are as follows: The patient is given for several days a diet which contains a known quantity of nitrogen. This is determined from the protein content of the food given, as 6.25 grams of protein yield 1 gram of nitrogen. Therefore a patient on a diet containing 125 grams of protein would be getting 20 grams of nitrogen. When the urine is analyzed the amount of nitrogen retention can be determined, as the output of nitrogen should equal the intake.

A water test is made by measuring the patient's intake for twenty-four hours and limiting it to 1,500 c.c.; 1,200 c.c. should be excreted, as 300 c.c. are allowed for excretion through the skin and bowels. If more than 300 c.c. are retained, it shows that water is being retained in the tissues and is responsible for the edema.

Another test is for salt retention. A salt poor diet is fed for several days in which the salt content is known and to which a definite amount of salt has been added. Normally the kidneys should excrete practically the entire intake. The daily salt output is determined and the amount retained is figured out.

After a physician has determined the type of nephritis which the patient has, much can be done by dietary regulations to rest the kidney and prevent unnecessary labor and at the same time furnish the body with the food elements needed.

The diet should be kept low in proteins and all foods irritating to the kidneys should be avoided. Some foods that may irritate the kidneys and that should, therefore, be restricted, are tea, coffee, pickles and highly spiced concoctions. The following foods should be given in very limited amounts as they have an acid reaction in the body: meat, fish, eggs, oysters, whole wheat

grain products, crackers, rice, peanuts, cranberries and prunes. The last two contain benzoic acid which is excreted as hippuric acid.

The alkaline reacting foods which may be used to advantage include: almonds, asparagus, dried beans, lima beans, beets, cabbage, carrots, cauliflower, celery, lettuce, mushrooms, potatoes, turnips, apples, lemons, oranges, peaches, raisins, bananas, and breads or cookies made of soy bean flour.

Neutral foods which may be given are butter, cream, lard, sugar, cornstarch and tapioca.

If edema is present it is necessary to give a salt poor diet in order to prevent a further retention of fluids. Salted foods must be carefully avoided, such as ham, smoked tongue, salt cod fish, finnan haddie, smoked halibut, herring and bacon. It is not unusual for a nephritic to have some hypertension which is another reason for prescribing a low salt diet.

The Karell Diet is sometimes prescribed in an acute case of nephritis. In this diet, 800 c.c. of milk are given in four feedings a day, for a week. On the 8th day, toast and one egg are added and the quantity of food is increased as the amount of urine increases.

A prescription for an acute or chronic case of nephritis with no edema would usually be about 25 grams of protein, 200 grams of carbohydrate and 250 grams of fat. It could be worked out as follows:

Breakfast	Grams	Appox. Amts.	P. 25 P	C. 200 C	F. 250 F	Calories
Orange juice	100	½ glass		14		56
Shredded wheat	32	1	4	24		112
Banana	50	½ med.	1	10		44
Bread	20	1 thin slice	1	10		44
Cream, 40 per cent.	100	½ cup	2	2	40	376
Sweet butter	10	1 square			9	81
Sugar	8	2 teasp'ns		8		32
Lunch						
Hubbard squash	100	½ cup	1	10		44
Beets	100	½ cup	2	8		40
Salad—						
Tomato	100	1 medium	1	4		20
Lettuce	50	5 leaves	.5	1		6
Mayonnaise	15	1 tablesp'n			15	135
Baked apple	150	1 medium		36		144
Cream, 40 per cent.	200	1 cup	4	4	80	752
Sweet butter	20	2 squares			17	153
Dinner						
Carrots	100	2/3 cup	1	6		28
String beans	100	½ cup	1	4		20
Baked potato	100	1 medium	3	25		112
Salad—						
Canned pineapple	50	1 sm'll slice		18		72
Lettuce	50	5 leaves	.5	1		6
Mayonnaise	23	1½ tab'sp'n			23	207
Peach, fresh or canned	150	1 large	1	14		60
Cream, 40 per cent.	100	½ cup	2	2	40	376
Sweet butter	30	3 squares			26	234
			25	201	250	3154

If there were edema the same prescription might be given with low salt content and the fluid intake limited to 500 c.c. per day. When a low salt diet is prescribed, it usually means one with less than 1 per cent salt. All foods

must be cooked without salt and sweet butter must be used. In large cities salt free bread may be obtained; otherwise crackers or shredded wheat may be used. These must be limited, as only a small amount of wheat flour should be given. In the following salt poor diet in which bread is given for breakfast, two soda crackers may be substituted. The accompanying menu suggests one way of working out the prescription just described:

Breakfast	Grams	Appox. Amts.	P. 25 P	C. 200 C	F. 250 F	Calories	Low Salt less than 1%	500 c.c. Fluids
Orange juice	100	½ glass		14		56		
Shredded wheat	32	1	4	24		112		
Banana	50	½ medium	1	10		44		
Bread—salt free	20	1 thin slice	1	10		44		
Cream, 40 per cent	100	½ cup	2	2	40	376		100
Sweet butter	25	2½ squares			21	189		
Sugar	8	2 teaspoons		8		32		
Lunch								
Hubbard squash	100	½ cup	1	10		44		
Beets	100	½ cup	2	8		40		
Salad—								
Tomato	100	1 medium	1	4		20		
Lettuce	50	5 leaves	.5	1		6		
Mayonnaise	30	2 tab'sp'ns			30	270		
Baked apple	150	1 medium		36		144		
Cream, 40 per cent	100	½ cup	2	2	40	376		100
Sweet butter	25				21	189		
Dinner								
Carrots	100	2/3 cup	1	6		28		
String beans	100	½ cup	1	4		20		
Baked potato	100	1 medium	3	25		112		
Salad—								
Canned pineapple	50	1 sm'll slice		18		72		
Lettuce	50	5 leaves	.5	1		6		
Mayonnaise	30	2 tab'sp'ns			30	270		
Peach, fresh or canned	150	1 large	1	14		60		
Cream, 40 per cent	100	½ cup	2	2	40	376		100
Sweet butter	30	3 squares			26	234		
			23	199	248	3,120		300
Water to sip during the day								200
								500

As bread is sparely given in the foregoing diets, a meal may often be made more attractive and palatable if thin cuts of bread are made into sandwiches. As fat is high, they may be made with salad dressing to moisten small amounts of ground meat or fish, or larger amounts of vegetables and fruits with lettuce. These sandwiches may include sardines, cream cheese, chicken, veal, lamb, halibut, lettuce, egg with peas or chopped string beans, or tomatoes, beets or onions sliced thin. Bananas with a few drops of lemon juice, drained pineapple, jams, jellies or preserves may be used. The secret of having these sandwiches attractive and appetizing is to have the bread cut very thin and in finger lengths or small fancy shapes. Each should be garnished with a candied cherry cut in half, a sprig of parsley, a small piece of green pepper or a slice of carrot or one little round candy or gum drop for the fruit ones. Sometimes some grated chocolate may be used.

If one has memorized the list of 5 and 10% fruits and vegetables given in the article on "Calculating a

Diabetic's Menu" the knowledge will be of value in calculating other diets.

After the patient has taken all the food desired, the amount left is recalculated, subtracted from the original prescription, and the balance will show the exact intake. Of course, so far as possible, the patient should be encouraged to consume the entire amount prescribed.

The butter and cream are weighed out once a day as for all calculated diets and are used in or on the different vegetables, fruits or other foods. Creamed soups may be made by putting one of the vegetables through a sieve, re-heating, adding cream, and serving as a puree soup. Another way to serve surplus cream is to add water and give as a drink. Cream may be whipped and used as a garnish or fruit may be put through a sieve and whipped with the cream, making apple snow, apricot whip, strawberry surprise or prune frost. As sugar is not limited, these may be made very palatable.

A nephritic diet, as one can readily see, is not unattractive and often the whole family is content to have served to them many of the foods given to the patient, thereby saving work and giving the patient a much happier viewpoint.

When cooked foods are served, in a low salt diet, they may oftentimes be made more appetizing if browned or caramelized. A chop may have the fat well browned or a baked potato may be taken from the skin, mashed, replaced in the shell and browned. Onions may be cooked under the broiler for a few minutes or a well browned meringue may be put on a slice of orange. This latter makes an attractive luncheon dessert which the whole family will appreciate.

In next month's *Journal* a nephrosis diet will be calculated.

The Lead Treatment of Cancer

DR. FRANCIS CARTER WOOD, in *Campaign Notes* of the American Society for the Control of Cancer, writes with the authority of first-hand investigation on the much-heralded Blair Bell Treatment of cancer.

Says Doctor Wood in part:

The preparation consists of a very fine suspension of pure metallic lead made by a very intricate and delicate process, so complicated that only specially trained chemists can make it. The preparation so produced only keeps for three days; after that period it becomes highly poisonous and cannot be used. It is therefore impossible to give this treatment at present except under the conditions established at Liverpool and with full appreciation on the part of the patient of its highly dangerous nature.

Only the hopelessly inoperable advanced types are handled, and the patients or their relatives are fully warned of the dangers of the treatment before it is given.

Of those who are able to take the full quantity, about one-fifth receive very considerable benefit. They are so improved in health and the disease is so completely arrested that it is worth while for them to go through with it. In the other four-fifths, the treatment seems to have no effect on the tumor growth and in them the disease continues its course. . . .

As soon as a permanent preparation can be devised, a group of physicians in England will be trained by Professor Bell in the administration of the drug and it will also be made available in the United States. Until that time, however, it will be necessary for those who wish to obtain the benefit of the treatment to go to Liverpool and place themselves directly in the hands of Professor Blair Bell and the group of physicians working with him on this extremely difficult method of treatment.

Caucasus Nurses Receive Their Pins

By Mabell S. C. Smith

Elizabeth Gillespie of Detroit and an Interpreter, a Native Physician, Teaching a Class of Orphan Girls at the Winchester School of Nursing

ARMENIAN nurses now are wearing pins. They are as proud of them as they can well be. There are few places in the world more in need of trained nurses than Russian Armenia. During the War, opposing armies swept across it, destroying villages and farms and turning a once thrifty people into famine-stricken refugees. So many children were orphaned that at one time more than 20,000 were maintained by Near East Relief in its huge orphanage at Alexandropol (Leninakan). There are 11,000 there, even now, so many years after the war.

Now the hamlets are being rebuilt and the farms restored and the orphans, once a terrific liability, are proving a real asset. Trained by Americans in modern methods of agriculture and in trades and crafts, they take a useful place in the new communities when they leave the orphanage.

The peasants are still in the shepherd stage and their ways of living are extremely primitive. "Hygiene" and "sanitation" are words unknown to them and their practice is negligible, *except*—where the peasants come in contact with the nurses trained in the Winchester School of Nursing. These girls, chosen from the oldest and most responsible of the orphans, are being educated by American Red Cross nurses, Grace W. Blackwell of Hamilton Grange, New Jersey, and Elizabeth Gillespie of Detroit, among them. Dr. Walter Sisson of Wauseon, Ohio, Medical Director of the orphanage, gives constructive help, as do the native

doctors on his staff. The orphanage hospital provides practical experience in plenty.

Several classes have already been graduated and the girls have been taken into government employ. They are serving in government hospitals, in the institute for research in tropical diseases, and in the University Hospital at Erivan. Not the least useful field is that of the community nurse who lives in a village and goes about among the people of several hamlets, doing all that a visiting nurse does in this country. In addition these girls give advice on the building of the new cottages, urging that the cow be given a shed of her own and be not installed in the family living room, and they suggest that some other ointment than hen's droppings be used as ointment for the baby's sore eyes!

The latest class to leave the training school was the first to receive a school pin. The Near East Relief Director General of Overseas Operations, Barclay Acheson, was in Leninakan at the time and made the presentations at a tea at the Nurses' Home. It was a real function and the girls were filled with delight at the ceremony and at their new acquisition.

The early experiences of these young women, who were wretched children wandering through the country "on their own" only a few years ago, developed initiative, reliability and responsibility. The education they are now receiving makes splendid use of these qualities in this profession which makes the girls self-supporting as well as benefactors to their country. The carrying on of the school is one of America's best permanent contributions to Armenia.

On Arranging a Bowl of Violets

I DIP my hands in April among your faces tender,
O woven of blue air and ecstasies of light!
Breathed words of the Earth-Mother, although it is November,
You wing my soul with memories adorable and white.
I hear you call each other:

"Ah, Sweet, do you remember
The garden that we haunted—its spaces of delight?
The sound of running water—the day's long lapse of splendor,
The winds that begged our fragrance and loved us in the night?"

—GRACE HAZARD CONKLING.

The Nursing Care of Erysipelas

By Alma E. Gault, R.N.

Etiology and Description

ERYSIPELAS is an acute infectious disease caused by the *streptococcus erysipelatis*, and is characterized by a rapidly advancing inflammation of the skin accompanied by fever and toxemia. A preponderant number of the cases are of the facial type. In the typical "Butterfly" case, the inflammation appears first on the nose and spreads rapidly through the tissues where the skin is loose and more slowly, if at all, after it reaches the firmer tissues, such as the forehead. The advance in the skin is marked by an irregular, red, and sharply defined margin. Sometimes it burns over the whole body invading new territory as it abandons that already burned over.

The streptococci appear in large numbers in the lymph vessels of the skin and sometimes invade the deeper tissues causing suppuration. The complication of Erysipelas in wounds, either from trauma or surgical origin, is not uncommon.

Isolation

Since this is an infectious disease, we must prepare an isolated unit for the patient, whether he be cared for in the home, in a ward with non-infectious cases, or in a ward to which only Erysipelas patients are admitted. The technic used is the same as that described in the article on "Nursing Care in Pneumonia" in the January number of the *American Journal of Nursing*. The nurse should take this added precaution against infecting herself,—abrasions on her hands should always be protected by rubber gloves, when handling contaminated material, and she should protect herself against droplet infection from her restless patient.

Symptoms and Treatment

We may concern ourselves chiefly with the intimate care of the patient. The temperature rises abruptly following a chill and keeps high without marked remission for four or five days. The parts affected are hot, edematous, and therefore painful. There is little itching. The patient is toxic, restless, and sometimes delirious.

Mask, made of three layers flannelette, stitched around edges

At the present time there is no specific treatment for the disease, although the sera hold great possibilities for the future. The nurse, therefore, finds the doctor ordering symptomatic treatment which will give the patient comfort, increase elimination, and act as a sedative. Wet dressings applied to the affected area is a favorite. History tells us that Hippocrates recommended a cold water dressing, and it is still in good repute. Iced magnesium sulphate dressings, applied to the part by means of a mask made of two or three layers of flannelette moistened in a solution kept in a bowl on the bedside table, is a practical method. This solution in saturation strength (54%) is mildly analgesic and is refreshing to the patient if constantly kept moist. A small amount of oil may be added to the solution, if desired. Some doctors prefer to have these dressings kept hot instead of cold. Oiled silk applied over the dressing is of value in keeping it warm and moist. The pillow, gown and bed

BOWLS, LARGER ONE CONTAINS ICE, SMALLER, MAGNESIUM SULPHATE SOLUTION

clothing of the patient may be protected by using a bib of oiled silk or light rubber material.

The eyelids are edematous and painful in the typical facial case. Sometimes the conjunctiva are affected. The greatest care must be given the eyes and much skill is needed to reduce to a minimum the discomfort of the patient. Boric acid (2%) irrigations followed by the instillation of one or two minims of argyrol of varying strength (usually 10%-25%) may be ordered, to be given five or six times during a twenty-four hour period.

The nasal passages may be almost or even entirely closed by the edema of the surrounding tissues. The mouth is dry, the lips dry and cracked, and the upper lip may be swollen and painful. Such discomfort may be relieved by frequent cleansing and by anointing the lips with albolene or some refreshing ointment.

Complications

Complications may come in spite of good nursing, but a great percentage of them may be averted if the nurse is always alert. Abscesses of the scalp make one of the vexing problems one meets. They may be relieved, in part, by reducing to a minimum the pressure on the inflamed area, and by frequently changing the position of the patient. Pneumonia must be guarded against at all times. The patient must be kept dry, his position changed frequently, and the intake of fluids forced adequately. The senile patient offers good material for pneumonia complications.

Septicemia, endocarditis and renal conditions are to be considered in connection with Erysipelas nursing, chiefly as conditions to be prevented, by keeping the system flushed with fluids, keeping the skin in good condition, having the patient at rest during the febrile stage, and by furnishing fresh air and sunshine in bounteous measure. The nurse who cares for many Erysipelas patients will meet these conditions, however, sometimes as a complication, but more frequently as the predisposing factor which helped the acute infection to get a hold.

BIB, CUT FROM OILED SILK

A tepid or cold sponge may be ordered for a high temperature. It is comforting to the patient and may act as a sedative if he is restless or delirious. Never resort to restraint unless under extreme circumstances.

An extensive wound may have been the predisposing factor in any particular case, or it may develop in the treatment by surgical interference to free pus, or it may be due to the breaking down of large blebs which sometimes form in the skin. Such conditions call for surgical asepsis in the minutest details.

Forty Years of Service

The Guild of St. Barnabas for Nurses

By Isabel W. Lowman

Foreword—Nothing is more pleasing in The American Journal of Nursing than its tolerant and inclusive spirit. It might, adapting Terence's fine words, print on its cover page, as a kind of guiding sentiment, something like this:

> *"I am for nurses. I count nothing concerning the well-being of the nurse's profession alien to my pages."*

I am continually impressed, as month by month I turn over the pages of the Journal, by the variety and interest of the articles printed. This emboldens me to hope you will some time find room for something about the Guild of St. Barnabas for Nurses.

It has been a good while since anything has been told about us. We are, to be sure, not a numerous folk; but we have ambitions to be of service to more nurses, and we think we are learning how, a little better year by year. We have no sectarian aims; but we think good religion is desirable for all, and we wish to do something to help nurses to know its aspiration and comfort. Our work is done quietly, and there are many who are glad because of our fellowship.—Wilson Reiff Stearly, *D.D., Bishop Coadjutor of Newark, N. J.; Chaplain-General, Guild of St. Barnabas for Nurses.*

THE Guild of Saint Barnabas for Nurses is forty years old in the United States and is perhaps the oldest association of graduate nurses in America. It was founded at a time when the vocational aspect of nursing was still largely in the ascendant in this country; and like all associations, it was a grouping together for mutual benefit and inspiration, the accent in the case of St. Barnabas Guild being laid upon the spiritual refreshment of the nurse's life, and upon an association with non-professional women whose interest from the first was enlisted in problems and causes hitherto, as a rule, unfamiliar to them.

It is interesting to note that the original Guild of St. Barnabas for Nurses had been founded in England ten years earlier by a nurse, and that therefore the original impulse for closer association with religious bodies sprang from the profession itself. At its transplanting, ten years later, in Boston, Mass., the initiative was taken by the Reverend Edward William Osborne, D.D., then residing in that city and later Bishop of Springfield. From its first beginnings in the United States to this present day, the organization has preserved these two salient features—spiritual help and inspiration of the church, and association with non-professional women.

The formation of the Guild of Saint Barnabas, following upon the foundation of the first hospital school of nursing organized upon the lines laid down by Florence Nightingale, shows that the impetus was then strong to band together, in extra-mural ways, the women who stood for the highest ideals in their calling. Indeed, at that time, even as now, though in a different sense perhaps, the newly emerging vocational profession of nursing was in need of such spiritual and temporal assistance as only a close association with the church and their fellow members could give.

The control of the Guild in this country is vested in a Council, consisting of the general officers, and representatives of the local branches. The general officers are a Chaplain-General, and a Vice-Chaplain-General; a Secretary-General and a Treasurer-General, all elected annually by ballot at the meeting of the Guild. Local Branches of the Guild

may be established in any part of the country, after communication with the Chaplain-General and with his approval. Each Branch may have its local chaplain, secretary, treasurer, and such other officers as it desires. Membership consists in (a) Nurses, both graduate and student; (b) Associates, who shall be church members; (c) Medical Associates; (d) Priest Associates. The entrance fee is one dollar, which is forwarded to the Treasurer-General for the general expenses of the Guild; the annual dues are also one dollar, eighty cents of which are retained by the local treasurer for the work of the local branch.

The method of carrying on the work of the Guild differs in the various branches and depends greatly on the size of the branch, the needs of local nurses, and the means available for meeting those needs.

The salient facts of organization are four:

1. The Guild was founded in the Episcopal Church and its officers are members of that church.
2. Its professional membership is as broadly inter-denominational as that of any lay nursing organization.
3. Its active members must be registered nurses, or student nurses of accredited schools.
4. It has everywhere a strong associate membership of non-professional women.

Membership in the organization carries with it the receipt of the *News-Letter* which, first appearing in 1892, has during a third of a century, through the course of varying successes and vicissitudes, served as a channel of inspiration, refreshment and inter-communication for the members. *The American Journal of Nursing* was founded in 1900, and from 1902 to 1904 the *News-Letter* flew to a home nest in the pages of the *Journal;* but feeling that its particular purpose could best be served by a separate publication, the National Council later found friends in a group of the clergy and laity who cared greatly enough for the message it could give to support it with personal service, and it reappeared as the *News-Letter* of the Guild, so continuing to the present time.

The religious aims of the Guild of St. Barnabas are to quicken and foster the impulse of nurses and their non-professional associates in religion. The work of the nurse is founded in the work of the early Christian Church; and it is the aim of the Guild, by a conscious and directed effort, to restore to nursing some of the earlier traditions which our swift, on-rushing, material age has, perhaps, for a moment swept aside.

But the Guild has necessarily a two-fold character, and its secondary aspect is one which enlists the sympathy, support and coöperation of its lay membership everywhere. A nurse's life is beset by many practical difficulties which it is often well nigh impossible to solve. On arriving for the first time in a city, or on leaving her hospital as a graduate, she often finds herself face to face with a housing problem which makes the finding of a home arduous and unsatisfactory. Surely it is a sad comment upon the isolation of people one from another that a young woman trained to serve a community in sickness, pestilence and disaster should be obliged to tramp its streets, unaided, to find a room where she can have proper living conditions at a price which she can afford. One would assuredly be astonished if the sum of such weary, discouraging hours of search could be recorded in a way to enter the minds and hearts of the residents of the town to which she has perhaps but newly come.

Then there is sickness, with its attendant train of loneliness, isolation and often blank dismay at the thought of economic disaster. To be sure, each nurse has her alumnae society—the living bond with her professional sisters—

and anyone who has had any contact with the faithful, self-sacrificing character of the services of these societies, year in and year out, can only long to supplement their effort where the need for it is too crushing. It is in such cases as these that the Guild of St. Barnabas can take the place of home and friends and, by creating an atmosphere of sympathy and friendliness between the members, can contribute much toward the social and domestic side of the nurse's life.

In the non-professional groups, an attempt is made to create a spirit which will become more sensitive to the individual needs of nurses; where there is contact and association, misunderstanding melts away and the warmth of sympathy quickens and animates and leads to mutual helpfulness.

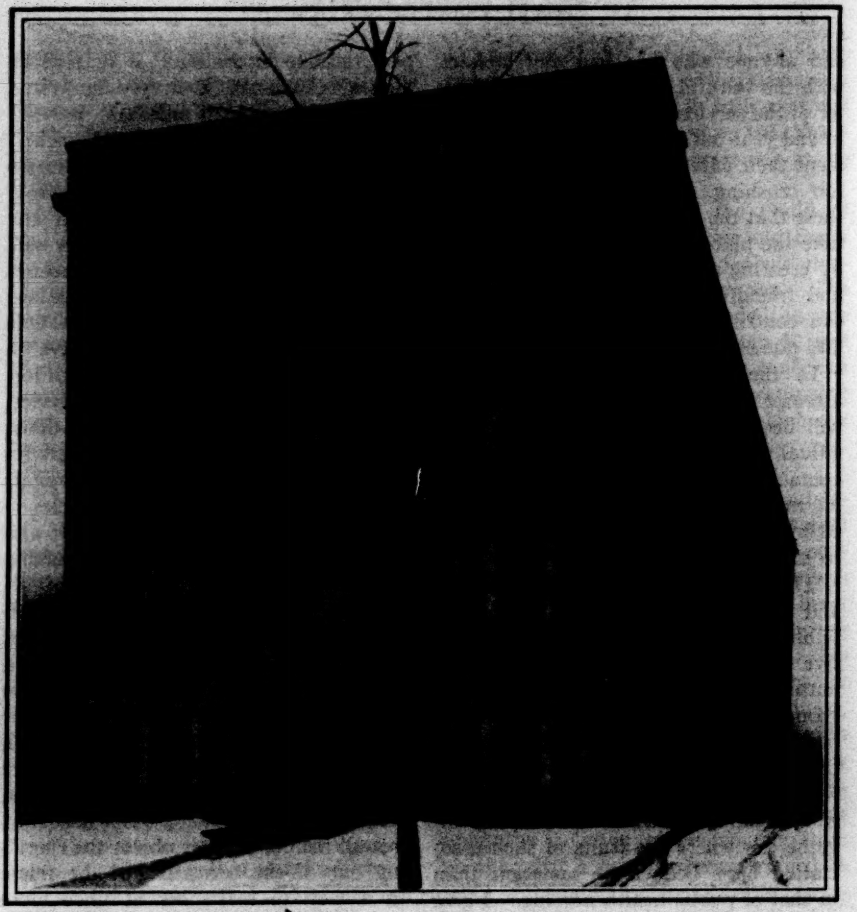
The association of non-professional and professional women in the work of public health nursing has been productive of warm friendships and close mutual understanding between these groups. It has also been productive of much benefit to the public at large. I think there is no example in nursing where professional and non-professional women have worked quite so closely together, or where the fruits of such association have been more apparent than in that of public health nursing. I give this merely as an outstanding example of what professional and non-professional members can achieve when united in a common effort of mutual understanding.

The character of the social work of the various branches of St. Barnabas Guild is, of course, largely determined by local factors. Boston is interested in the vacation house for nurses at Rowley, Mass.; Cleveland has its new guild house,[1] it also has a scholarship fund at Western Reserve University for postgraduate instruction for missionary nurses; Cincinnati is deeply interested in home and foreign missions; Detroit, Orange (N. J.), and other branches, maintain special funds to help nurses who are sick; New Orleans is raising funds to endow a bed in one of the largest hospitals for the use of any sick member of the Guild. Other branches interest themselves in special missions or in particular pieces of work. One bond nearly all the branches have in common, and that is the annual Florence Nightingale Anniversary Service, held on May 12, which is also National Hospital Day; at this service the graduates and students of the local hospitals usually appear in uniform, sometimes to the number of five or six hundred; and this general mobilization of nursing strength, and the impressiveness of the services, have made a very profound impression upon the community at large.

The Guild maintains a national Field Secretary, Nellie Oxley, R.N., who visits branches to help them with their problems, and assists in the formation of new branches. There are also lecture courses on various subjects of interest, some practical, some purely idealistic, but all having as their object the rounding out of the education of the nurse in a way to make her at once more serviceable and happier in her contacts with the sick and those to whom these sick are dear.

In time of war, of disaster, or in times when the heavy personal misfortunes of illness invade our homes we turn to the nurse as to one who is prepared to serve our needs. And sometimes, because of the height of our emotional sensitiveness at such crises, we find ourselves perhaps out of sympathy with one who cannot, in the very nature of things, be moved as we are moved. Nevertheless, the greater her opportunity has been to drink at the sources of spiritual refreshment, the more frequent her contact

[1] The St. Barnabas Guild House, Cleveland, opened February 1st, has attractive living quarters for nearly 100 nurses.



ST. BARNABAS GUILD HOUSE IN CLEVELAND

with varied groups of persons not habitually exposed to the daily issues of illness and death, the more surely will she enter into an understanding of sorrows and joys not personally her own. To create this wider understanding is at once the task and the high privilege of the Guild of St. Barnabas for Nurses.

ONE thing I am sure of; they who are set over others ought to be the humblest of all, and it is by humility that we command obedience. . . . I believe, too, that generosity, self-denial, blindness to faults, taking burdens on ourselves, asking instead of ordering, thanking—even for acts of duty—being the first to do things with our own hands; silence under provocation, evenness of temper, and of will, are little things which are the fruits of great grace.

—CARDINAL MANNING. Letter to Florence Nightingale.

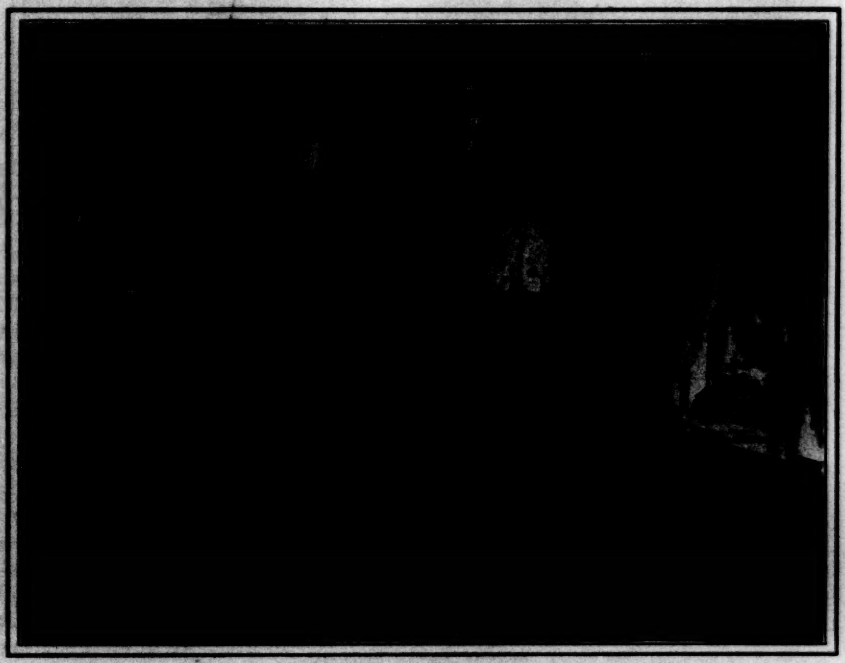
Cleveland's St. Barnabas Guild House

By Elizabeth R. Ireland

ALMOST outstanding feature of constructive work in 1925, has been done by the Cleveland Branch of the Guild of St. Barnabas for Nurses, in the form of an apartment house for nurses, which is known as St. Barnabas' Guild House.

considered, and the project financed through generous members and friends of the Guild and through a mortgage on the property.

It is expected that by careful management by a Committee and through the efforts of the hostess, Edith Mor-

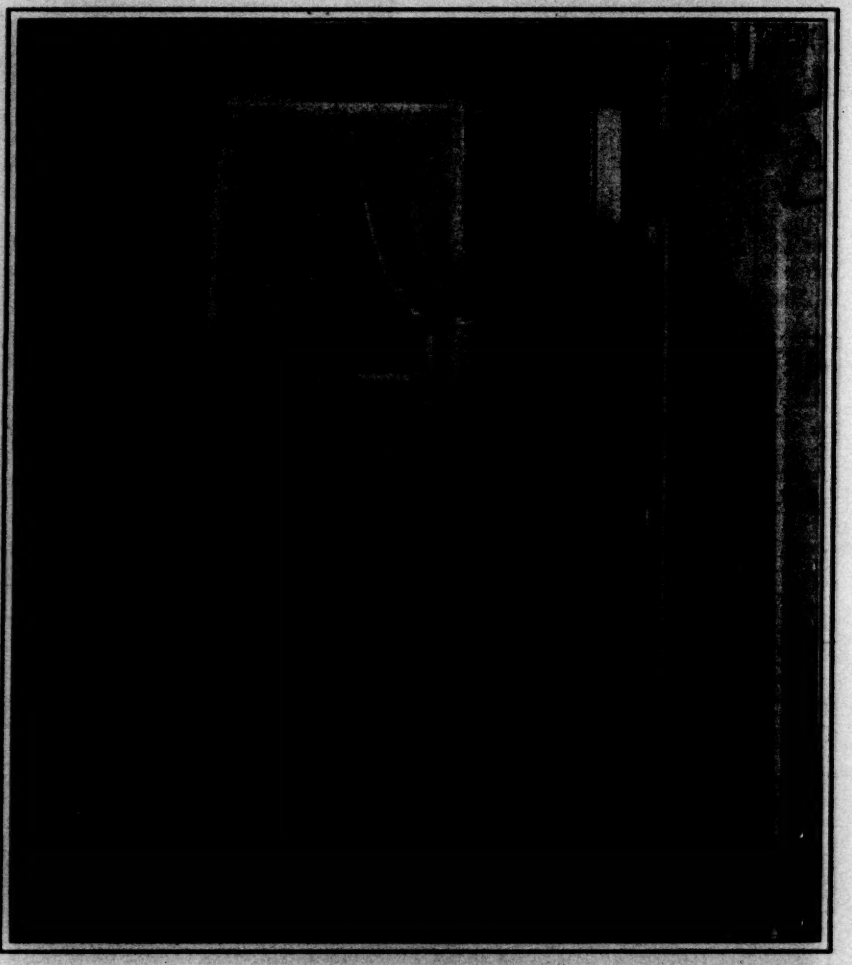


Reception Room

The housing conditions in Cleveland have long been a trial and hardship to the nursing profession there, and the local Guild (with a membership of 414 nurses and 135 associates) felt that it could be of greatest usefulness to the profession by taking upon itself the project of meeting this serious problem and securing a reasonable, convenient and homelike apartment. The location, type and prices of rooms were carefully

gan, R.N., the project will not only bring in enough income through the rental of rooms to meet expenses, but will pay off its mortgage and sinking fund within a few years.

On January 23, the doors were opened to 94 nurses of all nursing groups. The house is furnished in early American type of furniture throughout, the reception rooms pretty and crisp with their dotted muslin curtains and chintz



TYPICAL SINGLE BEDROOM

covered lounging chairs. A library of carefully chosen books tempts the book lover, and comfort and cheerfulness have been emphasized in every instance. A quiet little Chapel, for the individual use of nurses, is very sweet and charming and significant of what the Guild stands for to all nurses of every creed. This was made possible by the gifts of nurse members of the Guild.

Every bedroom is a living room. They range from $6 to $8 a week for single rooms, to $10 and $12 a week for double rooms. Bathrooms are shared except in cases where there are private baths connected with rooms. A public kitchenette on each of the four floors gives opportunity for light meals, and hot coffee for five cents a cup is supplied each morning at a certain hour. All linen, telephone service, laundry (except personal), elevator service, heat and light are suppied by the house.

A small garden at the rear will be

a summer attraction—and charm and friendliness will bring many groups together over their cup of tea.

It is the hope of the National Guild that this venture will not only bring the sweetness of home to those for whom home means spiritual relaxation and peace—but that it will express to the nursing profession in all cities that this is an example of the fact that St. Barnabas Guild, as an organization, stands ready to be used by them.

By reason of a majority membership, it belongs to nurses for the promotion of the spirit of service, friendliness, understanding and Christian ideals.

National Hospital Day

By Mary E. Henry, R.N.

The Pottstown Hospital won the certificate awarded by the American Hospital Association at Louisville "For the meritorious promotion of local activities in furthering the beneficent aims of National Hospital Day."

POTTSTOWN Hospital, in common with a nation-wide practice in commemoration of the birthday of Florence Nightingale, throws its doors wide open on May 12,—National Hospital Day,—and bids the public a cordial welcome to visit and inspect its hospital.

The aim in celebrating National Hospital Day is to get the community to *think* hospital and to have them know what to expect in the event of illness or accident. But be sure you make it known that contribution of funds will not be solicited. After it has been shown what a hospital stands for and does in the community, the response will be generous enough, as we have proven.

With each succeeding year, during the past three, we have celebrated National Hospital Day, and each year more extensively, for the specific purpose of bringing the residents of the community into closer and more sympathetic touch with the Hospital and what it really stands for in the community, so when aid is required for extensions or other purposes the public has already been educated to understand the needs and responds accordingly. This is proven by our experience; we asked for $80,000 to build a Nurses' Home; and went over the goal to $96,000.

There are numerous ways by which the residents of a community can be induced to visit the hospital, and when once there, it falls to our lot to prove there is no mystery about what is going on inside the hospital. If there is a maternity service, invite the mothers with their babies to a "Baby Party." The best booster for the institution is the mother whose baby was born in your hospital, but do not fall into the error so commonly made of offering prizes. If you do, you will cause much envy or jealousy among the mothers.

As the guests arrive, have the alumnae and nurses of the School arrange them in groups to be conducted through the hospital and have the various departments explained.

Have some popular person interested in Child Welfare Work, make a fifteen-minute address to the mothers. It will help considerably if you can secure an orchestra to render popular airs before and after the address.

The manufacturers of baby requisites will gladly take advantage of the opportunity to supply samples of their products for free distribution, because, being solicited for them, proves to the public that their wares have the endorsement of the hospital. In addition to such samples, and booklets (such as "The Child," Metropolitan Life Insurance Company) each baby was presented a Liberty Bell bank by the President of the hospital and a bank book showing a credit in the Savings Department of $1. The slogan printed on the bank book was, "Start paying for your child's tuition now by opening a savings account for that purpose on National Hospital Day, May 12, 1925." Last year 133 accounts were opened.

To make these features successful you must advertise. You must have the coöperation of the local newspapers. They will gladly print your program and will write and publish

articles. If you decide on a "Baby Party," suggest to the manager of the "Baby Department" of your stores a sale of baby clothes the week prior to May 12 and in their advertisements have them call attention to the big "Baby Party" and *the hospital*, on National Hospital Day.

An interesting program for a hospital without a maternity service would be for the pupils of the nursing school to stage a play or entertainment, they constituting the entire cast.

On one occasion the nurses of the Pottstown Hospital gave a very successful and highly amusing play entitled, Special Duty, the theme depicting the duties and trials of the nurses. Last year we had a two-hour program, with a debate on the subject, "Resolved: That the nursing profession is more beneficial to young women than a business career." All subjects on the program pertained to the nursing school, the hospital and the patients.

There is not a minister, regardless of creed, who will refuse to make a five-minute discourse on the usefulness of the hospital, if requested to do so.

Select some local speaker, one interested in hospital work, to make a short address in the Girl's High School on the advantages and meritoriousness of the nursing profession.

The principal of the high schools should be requested to have the pupils write a prize winning essay on "What the Hospital Means to the Health of the Community." Naturally the topic of the essay would be the subject of much conversation in the homes.

If the Kiwanis or Rotary Club is interested in the crippled children of the community, no better day could be selected for a clinic than National Hospital Day.

A four or eight page bulletin might be printed, the cost easily obtained from advertisers, and these distributed, either by mail or directly to the homes, accompanied by a cordial invitation to visit the hospital during the celebration. This bulletin should contain a brief account of the kind and number of diseases and patients treated during the year; pictures of the more interesting departments, especially the children's ward and the nursery; the new equipment installed with a brief statement of the time and labor saved; facts and illustrations pertaining to the school for nurses, which would arouse considerable interest.

The National Hospital Day Committee of the American Hospital Association at the Louisville Convention regarded our methods with favor as is evidenced by the awarding of the certificate to the Pottstown Hospital, "For the meritorious promotion of local activities in furthering the beneficent aims of National Hospital Day, May 12th, 1925."

To the Graduates of 1926

YOUR elder sisters welcome you to the fellowship of nursing. They have striven to make the profession worthy of your youth, your enthusiasm, your soaring ambitions, your yearning to serve. They remind you that these things you may not neglect if you would start aright in the path of progress:

(1) Registration in the state in which your school is and in the state in which you intend to practice.

(2) Membership in your alumnae association, for it not only takes you into the family circle but it also opens the doors for membership in district, state and national associations.

(3) Enrollment in the nursing service of the American Red Cross, the greatest volunteer agency in the world for emergency service.

(4) Subscribing for *The American Journal of Nursing*, for in no other way can you so surely remain up-to-date.

And then, lest you may be forgotten, leave a bound volume of *The American Journal of Nursing* on the library shelves of your school for the use of those who come after you.

Corrections

THE article on the International Council of Nurses in February contains two errors.

The official magazine of the Finnish Association which is affiliated with the International Council of Nurses is *Epione*—edited by Miss Ellen Nylander of Helsingfors.

The official magazine of Belgium is *L'Infirmiere—De Verpleegster*.

EDITORIALS

Lack of Care of American Mothers

WE Americans are beginning to be deeply concerned that our country should have a higher maternal mortality than that of many other nations which we are in the habit of considering behind us in taking responsibility for the health of the public. Why must American mothers die at the moment their families so greatly need them? Why, with all our organized prenatal care and beautiful obstetrical hospitals, must our rate be 6+ per every 1,000 births, while in England it is 3+ and in Denmark it is 1+? (Figures for 1923)

If the mother of a family dies while the children are little, they are fearfully handicapped at the very start. Why must twice as many American as English mothers die? Is it not because we have heretofore failed to look at this matter as it really is? Have we not said, "the most skillful specialist assisted by the best maternity nurse is none too good for so important an event as childbirth," ignoring the fact that these preventable deaths are occurring in homes where the best is not available?

Wherever facts connected with the birth of children are studied, they seem to admit no other conclusion but the necessity for a safe attendant in normal childbirth, other than the busy general practitioner. Any community which undertakes to provide a reasonable public health program faces this necessity. Such attendants may be called *accoucheurses*, midwives, obstetric assistants or maternity nurses, the only essential being that they should possess the added education which would make them equal to attending normal confinements; but whatever they may be called, the need for them seems to be a matter which cannot be questioned. Moreover, the need is not a temporary one, but has always existed. What type of attendant ought this person to be? How shall such attendants be educated, registered and controlled? What will be the effect on our present organization for public health and upon the private practice of doctors? How will the cost of this service be provided?

A study of maternal care in England reveals two outstanding differences between the English method and ours: First, in England maternal care has been made a part of the Public Health program; second, the cost of maternal care is met by special allocation of public funds.

The ideal towards which England is working is that all women shall be supervised during pregnancy and provided with an attendant capable of conducting normal delivery and of being trusted to observe surgical asepsis throughout confinement, to send for a doctor when the need arises and to give proper care during the postpartum period. To this end England spent in 1922-1923, the sum of £1,725,263 [or $8,638,315] of which £1,500,000 is given in unsupervised cash payments under the National Health Insurance Act, the remainder through "rates" or direct grants to local boards.

In the United States, the Sheppard-Towner Act authorizes an annual appropriation of $1,240,000 for both maternal and child hygiene. A State may be granted $5,000 outright, the remainder, after administrative expenses are taken out, on a fifty-fifty basis to States applying for it.

Doctors must spend so long a time and so much money in preparation for their profession that they are too valuable to the community to waste upon

any function that can be efficiently performed by another attendant. When, as in Denmark, normal confinement comes universally under the charge of such an attendant, social confusion disappears, and the skilled obstetrician undertakes only intricate cases of abnormal labor with a midwife as his valued assistant. Danish doctors recognize that midwifery, in this sense, is as much a nursing function as giving a temperature bath to a typhoid patient or assisting with a surgical dressing. It goes without saying that one essential for the mother in childbirth is perfect calm in her attendants—a calm impossible to the overworked practitioner, who may be obliged to come in and out many times during the course of labor. In rural communities he cannot do this, of course, and it is there that maternal mortality is highest. Nursing care of the mother is necesary to ensure her recovery from the dangers of childbirth. In families where there is neither nurse nor midwife, this constitutes a serious difficulty.

To make confinement safe, a doctor who posseses special knowledge of obstetrics and a woman who possesses special knowledge of normal delivery are necessary. The midwife and doctor should not in any sense be rivals. The supervision of pregnancy should mean examination by a doctor and supervision by a midwife who may report to a doctor. In order to secure this relation between doctor and patient, there should be a retaining fee for the doctor and a regulated payment for the midwife. The case will then be conducted under the direction of the doctor, who will not choose to be present unless something out of the normal occurs.

More than thirty-five years ago, English nurses began through organization to work for the passage of the midwives' act and for the "efficiency, comfort, and development of midwives". The Midwives Institute, founded in those early days, is a vital force in administering the Midwives Act today. One of these nurses, whose memory is kept very green today among her fellow-workers, wrote of the Club Rooms on Buckingham Street (made so hospitably dear to many American nurses) that it was here "for the first time that we, as midwives, began to realize that we had a glorious work to do and that, please God, we would do that work faithfully". That that aspiration has been realized, no humble American visitor can doubt, and humility is the mental attitude of the American nurse who studies maternal care in England.

There are nearly 43,000 midwives in the United States, but no uniform standard of training and control for them. If we were convinced of the need for midwives, this is not a large proportion to our population of 108,000,000. However, we have not been convinced of this: moreover, with the exception of a very few states, ours is the only country where their training is unstandardized and their practice remains largely uncontrolled.

The Nurses' Retirement Bill

IT would be interesting to know how many citizens of the United States are cognizant of the fact that the Army and Navy Nurse Corps are a component of the Regular Army and Navy Services and that these are the only women who are an actual part of the Services. The Nurse Corps of the Army and Navy are the only branches that do not come under the laws providing for retirement. This is manifestly unjust when it is remembered that the members are subject to the same rules, orders, and regulations as are the men. Furthermore, since marriage renders nurses ineligible, they are at all times separated from their families, a point on which officers have a real advantage.

The Army Nurse Corps was organized in 1901 and the Navy Nurse Corps in 1908. As the nurses have served their country in both war and peace, it is only reasonable that they should have the same consideration in the retirement law as do their fellow workers.

Suitable retirement provision would reward individuals after long service; it would also make for efficiency by giving hope of promotion to those in the grade of Nurse, as well as allowing those on the active list to retire when they are no longer up to the full standard of efficiency.

A bill providing retirement for the Army and Navy nurses which passed the Senate in the 68th Congress, but failed of passage in the House, has been again presented in both the House and the Senate in this, the 69th session, and is now in the Military Affairs Committee for consideration. This bill provides for annual retirement pay at rates based on the length of service and not exceeding 75 per cent. of the base pay at the time of retirement. The bill provides for the inclusion, in the computation of retirement privileges, of service as contract nurse before 1901 or as Reserve Nurse after 1901. Simple justice demands its passage at this session of Congress.

The pay of the nurses in the Government Services is very moderate. It is impossible for them to save sufficient funds for future maintenance or to aid in the support of their dependents. They deserve more generous treatment than this from their country. Every nurse who has been in active practice for more than ten years will be sympathetic to this situation. Every nurse who has been in Government service will appreciate the validity of the claim. Practical interest might well be shown by letters to Congressmen, especially to members of the Military Affairs Committee, urging the passage of H. R. 8953.

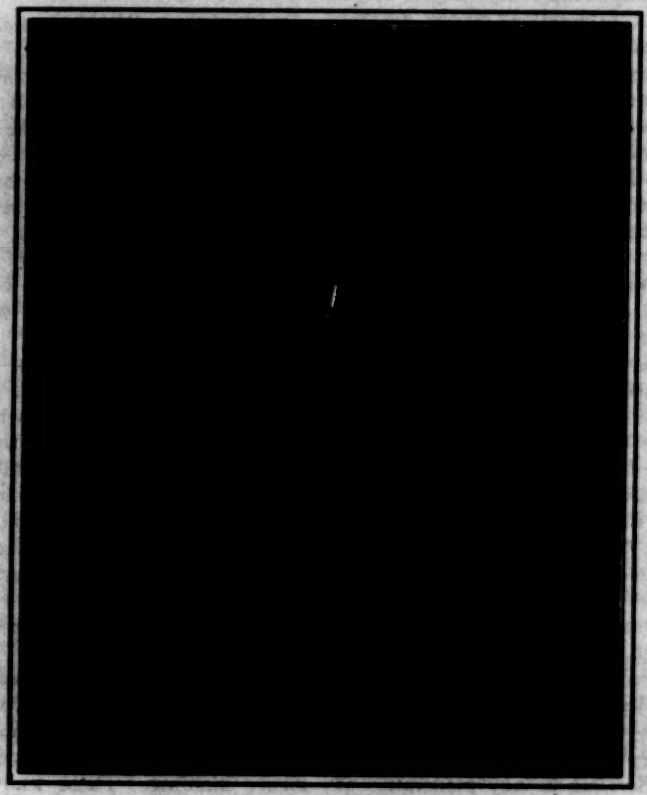
School of Nursing, University of Indiana

THOSE who have not labored in University Schools, all too frequently have a notion that the directors by virtue of the University connection have professional "silver spoons in their mouths." Nothing could be further from the truth. Plain living, and high thinking of the fine art of nursing, coupled with incredibly hard work, have been the portion of those who have pioneered in this field.

The School of Nursing of the University of Indiana is rapidly becoming one of those mighty oaks which have sprung from little acorns. The opening of the Riley Hospital for Children last year added incomparable riches to the experience of the students, and the projected Coleman Hospital for Women will add still further to the nursing practice for many years limited to the small but active service of the Robert W. Long Hospital.

Now comes the announcement that Indiana's great philanthropists, the Ball Brothers of Muncie, have made a gift of $500,000 for a nurses' school and residence building. Those who have observed the patience with which Mrs. Ethel P. Clarke, Director of this school, and all too many others in similar situations have struggled with the problem of scattered and inadequate housing of students will rejoice that the next unit in the Hoosier State's splendid medical center is to be a true home for the School of Nursing.

Who's Who in the Nursing World



LVII. BLANCHE TOMASZEWSKA

BIRTHPLACE: St. Louis, Mo. PARENTAGE: Polish. PRELIMINARY EDUCATION: Catholic and public schools in St. Louis; course in business college. PROFESSIONAL EDUCATION: Davis Hospital School of Nursing, Pine Bluff, Arkansas; postgraduate course in Public Health Nursing, University of Missouri. EXPERIENCE SINCE GRADUATION: Private duty; service with U. S. Army Nurse Corps at home and overseas with Base Hospital 54. OFFICES HELD: Secretary, Arkansas State Nurses' Association, since October, 1921; secretary, Arkansas State Committee on Red Cross Nursing Service; treasurer of District 6-A. Has also served as an alumnae officer and as District president.

Nursing as an Educational Project[1]

BY BLANCHE PFEFFERKORN, R.N.

FOR a good many years education has offered a fruitful topic for theorizing and philosophizing. There was a time when education and daily living had little in common. Man's intellectual labors were centered on his future rather than his present state. Health, happiness, efficiency, social relationships, personal responsibility for one's mortal career were not considered proper pabulum for mental activity. In the matter of health, women, especially, suffered unduly, remembering that not so long ago a certain frailty was regarded as the essence of feminine charm. Equally incongruous with present concepts were notions relating to happiness, but it is comforting that in this respect there were no sex discriminations. Being miserable was supposed to be more or less of a gracious state, conferred, as it were, to test one's spiritual backbone.

But considerable water has run under the bridge since the beginning of this century, and there is a right-about-face in both methods and objectives in education. As to methods, it is inconceivable that any one formula, at any period, should be accepted as absolute. There are many roads, and many ways to learning. As for objectives in education, while these, too, must stand the test of time, they have for the present, at least, lost the decadent quality of detachment from life. Education, in its fullest, immediate sense is the achievement of health, physical and mental, and the happiness of the spirit inseparable from social usefulness. It is preparation for, and understanding of, life.

[1] Read before the Iowa State Association of Registered Nurses, October, 1925.

Before dealing specifically with our own problem, there is one other force, modern in its bearing upon education, which well merits our consideration. Young men and young women are asking that, at the end of four or five or six years of college, in addition to history, literature and those subjects which so enrich their lives by appreciation and perspective, they be given, at the same time, some particular type of education which will fit them to take a useful part in the present complex social and economic fabric. And colleges and universities are not unmindful of this note and are setting about to revise their curricula, in order to satisfy the demand for a fair balance between the cultural and the practical. You will see that this movement is pregnant with possibilities for the future of nursing education.

As an educational project, I venture to say nursing offers a challenge second to no other profession. To what extent this challenge is met, I propose to discuss in the following paragraphs.

In an analysis of any form of education the first question presenting itself should be, What is it we are striving toward? What kind of an individual are we seeking to develop, implying not only functional and technical development but social, moral and ethical as well. What are we striving toward in our schools of nursing? What kind of an individual are we graduating? Are the aims of our schools in accord with the place occupied by the graduate nurse in the present social scheme?

You and I know the reply to this question. In some schools, yes, but such schools are sadly in the minority.

The curricula of schools of nursing have not been generally revised, and conditions for the rank and file of schools are not sufficiently favorable to produce in any large numbers the adequately prepared woman, either as teacher, administrator or public health agent. The supply with respect to the demand, qualitatively even more than numerically, is distressingly low.

Not one but many influences have to do with this defection and the story is an old, old one. So long has the public been accustomed to think of hospitals and nursing schools as one and the same thing, that it is the unusual and thinking person who knows that they are not. One of the results of this lack of understanding is that the public has not the same interest in the nursing school that it has in other educational systems. In the mind of the public the school of nursing is an integral part of the hospital, getting its sustenance from the hospital. But the first business of the hospital has not to do with nursing education; its status is primarily that of an institution equipped and administered for the reception and care of the sick. As a sponsor of an educational scheme, the hospital is in a vicarious position, and the result has been that the history of nursing education in this country is too often one of conflicting interests, in terms of dollars and cents, the hospital not infrequently being forced to conserve its resources at the expense of the nursing school. An important study, begun last year by a Committee of the National League of Nursing Education, on Budgets for Schools of Nursing, discloses that a nursing school, if reasonably well conducted, does not provide cheap hospital nursing service. More work in this direction, with proper publicity, augurs well for the future.

So much for the economic basis upon which the great majority of our schools are founded! Its discussion is inescapable in any consideration of the subject. Until nursing schools are financed as systematically and consistently as are similar institutions, growth from within cannot be other than laborious and unstable.

But despite this fact, there is very definite evidence of progress. Of the 1,700 nursing schools, 769 now boast of at least one faculty member whose function is primarily classroom teaching. Considering that the instructor is a comparatively recent addition, that her introduction dates back less than fifteen years, there is promise in this number. The reports of nurses' examining boards pretty generally show that more high school graduates and college women are applying for admission; and this fact is hopeful not only for the present but the future of any progressive program.

As organizations, the Leagues of Nursing Education, National, State and Local, have great responsibilities. You will recall that the first nursing organization in America was the American Society of Superintendents of Training Schools for Nurses, which came into being at the World's Fair in 1893. As you know, this organization in 1912 changed its name to the National League of Nursing Education, so the National, State and Local Leagues are all its progeny. From the very beginning the purpose of these associations has been the fostering and promulgating of ideals and standards in nursing education.

Later, (1897) that great body of nurses, the American Nurses' Association, then the Nurses' Associated Alumnae of United States and Canada, was organized. Probably the greatest contribution of this association has been its achievements in legislation through its various state groups. With the enactment of laws there arose the need of personnel which should, on the one hand, interpret these laws to the governing

and administrative bodies of nursing schools and, on the other hand, see to it that the schools, as well as the individuals, were measuring up to the conditions required for state recognition.

This personnel, which has come to be an exceedingly important one in our state schemes for advancement, is known by various names. In some states she travels under the signature of secretary-treasurer of the nurses' examining board, in others she is identified as the chief examiner, in many she is called state inspector, and in a few, educational director. Considerable psychology is involved in the choice of this name, and it is hoped that before long the title of educational director will come into more general use.

I should like to dwell somewhat upon the responsibilities and possibilities of an inspector or educational director as an official, a person, and as a job. As an official, academically and professionally she cannot be too well equipped. She needs not only technical skill and information, but that kind of preparation and insight which will enable her to see nursing not as an isolated activity but as a part of the larger educational, health and social program. As a person, she needs a fine understanding mind, much human sympathy, and a reasonable toleration for the weak (both institutions and individuals) as well as for the strong.

As nearly as I can see the problem, as has already been stated, there are two reasons for a state inspector,—preferably educational director. One, unfortunately, is of the nature of "policing," that is, seeking guarantee that all so-called accredited schools are meeting the minimum requirements as stated in the law and recommended by the nurses' examining board. Technically and legally, the value of such determination is indisputable. But the strength of an educational director lies not alone in the task of classifying schools according to state regulations, but in a definite, carefully planned, constructive program of advice and advancement for the nursing schools of the state.

Let me remind you of some facts and figures. Between 1890 and 1900, about 400 nursing schools were established; between 1900 and 1910, about 700 more, and between 1910 and 1920, another 600. Think of it—in thirty years approximately 1,700 new nursing schools. Think, too, of the pressure involved in keeping these schools supplied with administrators and teachers. Is it to be wondered at that some of our schools are inadequately staffed, not only in numbers but, which is equally deplorable, with qualified personnel? We are at the present time suffering from a form of elephantiasis.

I have pointed out this weakness in our professional structure because I believe it is one of the fundamental reasons for the existence of a state educational director. Literally, she should make her tour of the state a kind of university extension course, only with more elasticity and adaptability. Assuming that she is a woman of superior professional and academic qualifications, is it not a great privilege to share with others what she herself has been so fortunate as to attain?

An important aspect of this official's function is the evaluation which she is in a position to make of the school program, detached as she is from administrative responsibility for the hospital nursing department. The director of the school, likewise superintendent of the nursing depaftment of the hospital, is faced with a dual problem, her obligations to the student body and her responsibility to the hospital for an economic administration of its nursing department. The fortitude with which our women have carried this double burden, their courage and determination

to achieve a sounder school program, at times in the face of what must seem insurmountable difficulties, furnishes one of the most glowing pages in the history of nursing. It is with respect to this very situation that a state educational director should, as indicated by circumstances, lend invaluable counsel and assistance. By virtue of her authority as an educator, her freedom of direct hospital responsibility, she is peculiarly and favorably in a position to analyze conditions and make recommendations. The fact that she is a state official and a recognized expert, must inevitably carry its own weight.

So much for the state educational director. Much more might be said of the routine of the position, the details of accomplishment, but I have pointed out what seem to me to be the high lights and overtones of the situation. For the present I do not believe there is any one thing that any state can do which will guarantee a saner, sounder program than to secure the appointment of an educational director.

Another significant activity of which you have already had reports is the grading of nursing schools. The National League of Nursing Education, through a Grading Committee, has for a number of years been considering ways and means leading to the actual accomplishment of grading our schools. Upon the basis that not only the League but other organizations were very directly and intimately concerned with the problem, a joint committee was organized last spring with members from the three national nursing organizations, the American Medical Association, American College of Surgeons, the American Hospital Association, the American Public Health Association and representatives from the lay and general educational body.

At this moment it is impossible to foretell just what will be the outcome of the work of grading. It has within itself tremendous possibilities making for a more uniform and sounder national program of nursing education, as well as for the clarification of some of the many problems which have arisen in connection with our professional growth in late years.

Any discussion or review of nursing education would be incomplete without reference to our university schools. Without doubt one of the history-making moments in nursing was the recognition by universities that nursing education could legitimately make claim to university benefits. As you know, the beginning of graduate nurse study was made as far back as 1899, at Columbia University, Teachers College; some ten years later the first university school for undergraduate nursing preparation was established at the University of Minnesota. Since that time a number of so-called university schools of nursing have sprung up, not all of which meet the implication of the title. A nursing school is a university school only when its curriculum conforms to the same high standards as obtain in other departments of the university. Our presence in universities is still not generally understood and it behooves us to so safeguard each new venture that it will stand the test of academic scrutiny, otherwise we invite discredit.

We can well rejoice as each university opens its doors to nursing, but we must remember that it is not the number of university schools, but the inherent vitality of each, as an institution of teaching and learning opportunities, that will strengthen our nursing craft for the future. Our university schools should represent the essence of both professional and academic excellence; they should by virtue of these very qualities prepare a large number of their graduates for directors and teachers for the mass of hospital schools; in these

achievements lie their greatest contribution to nursing in the country at large.

In glancing back over this paper I find I have talked of many things and perhaps not always in the best of order. But I hope, here and there, I have edged near the heart of the problem. When our students emerge as graduates, not from a dozen chosen schools, but from the mass all over the country, physically, intellectually and spiritually more richly endowed; when, after ten or more years of nursing, no matter in what field, these graduates still glow in the belief that life is a stirring incident, abounding in adventures of satisfying service and new knowledge, then can we truly claim that nursing is an educational project,—that it is preparation for, and understanding of, Life.

Revision of the Standard Curriculum

(Continued)

HISTORY AND ETHICS OF NURSING[1]

Time: 30 hours, divided about equally between the history and ethics of nursing. The course to be given in the first year as early as possible. Either unit may be taught first or the two units may run parallel.

Teacher: Superintendent of Nurses or Instructor.

Objects of Course

1. To arouse interest and enthusiasm in nursing as an occupation, by introducing the student nurse early to the long and splendid history of nursing, and the great leaders who have established its traditions and ideals.

2. To make them appreciate some of the obstacles that have been overcome in making the profession what it is, and some of the opportunities which are open to them in the future.

3. To explain the origin and meaning of hospital regulations and hospital etiquette, and to secure the coöperation of the student nurse in carrying out the purposes of the hospital harmoniously and effectively.

4. To discuss the principles of behavior, their origin, meaning and practical bearings on the common experiences and problems of life.

5. To try to lead the student to formulate more clearly and definitely her philosophy of life, to stimulate her in the formation of the right kind of personal habits, to help her in building up a strong and attractive personality, and to give her a vision of what a full, happy, useful, and well-ordered life may be.

6. The effort is made here to build up broad general principles which apply equally well to all phases of life and all types of people, and also to interpret the code of ethics of the American Nurses' Association in terms of the problems that arise daily in the life of the nurse.

Outline of Classes in the History of Nursing.

I. *The Origin and Meaning of Nursing.*

Brief discussion of the present demands in hospital work, and the ideals which students bring to their new task. Reasons for the study of nursing history. Original meaning of nursing. The roots of nursing impulse in human nature. Nursing and mutual aid among animals. Rudiments of nursing care among primitive peoples. The mother as the earliest nurse. Influences of religious beliefs and ceremonials on the care of the sick. Early rites of hospitality. Origin of institutions for the care of sick strangers.

II. *Care of the Sick among Ancient Civilizations.*

Brief summary of outstanding contributions of Egypt, Palestine, Greece and Rome to the better care of the sick, emphasizing the rising standards of humanity and justice, beginning of public relief for sick and unfortunate, general standards of hygiene, sanitation, therapeutics, nursing and medical science. Moses, the great sanitarian and law giver, and Hippocrates, the "Father" of medicine, as outstanding leaders of this period. Development of ethical standards seen in the Ten Commandments, the Hippocratic Oath and the Hindoo writings.

III. *Influence of Christianity on Nursing. The Ascetic or Saintly Ideal.*

Influence of Christian ideals of brotherhood,

[1] Prepared by a sub-committee composed of the following: Mary Roberts, Katherine Tucker, Clara D. Noyes, Alice Lake, Mary M. Riddle, Corinna French, S. Lillian Clayton, Chairman.

pity, charity and self-sacrificing service seen in the work of the deacons and deaconesses of the early church—first organized nursing service. Relief of sick and unfortunate gradually taken over by the church. Hospitals established as religious and charitable institutions and nursing advocated as a form of religious discipline and service. Paula, Marcella and Fabiola—types of nursing leaders of this period. Growth of monastic institutions and emphasis on ascetic practices. Monasteries as centers of relief and hospitality. Nursing and medical work of monks and nuns. Influence of belief in magic and miracle on the care of the sick. Radegunde and Hildegarde, types of monastic women.

IV. *Aristocratic and Military Influences. The Romantic or Knightly Ideal.*

Rise of the institution of chivalry with new ideal of the Christian knight, defender of the weak and helpless and redresser of human wrongs. Life of struggle, adventure and romance opposed to the repressed, sheltered, contemplative life of the cloister. Virtues of the warrior-knight, courage, hardihood, honor, courtesy, loyalty, leadership, etc. Combination of chivalric and monastic ideals in military nursing orders developed during the Crusades. Hospital expansion under the knightly orders. Introduction of aristocratic and military features in hospital organization and management. Knights and ladies of St. John as types of Hospitallers.

V. *Democratic and Secular Tendencies in Mediaeval Nursing.*

Rise of the mendicant order under Saint Francis of Assisi as a reaction against extreme forms of monasticism and aristocratic tendencies of military orders. Founding of secular and semi-secular orders for nursing and relief. The Tertiaries of St. Francis, and the Beguines, types of voluntary secular orders organized on a religious basis. Cities and communities beginning to undertake some responsibility for relief and care of sick and unfortunate and prevention of poverty and distress. St. Francis, St. Clare, St. Elizabeth and St. Catharine as types of nursing saints of later mediaeval period.

VI. *Advancement in Medicine and Surgery and Decline in Nursing.*

Effect of the revival of learning and founding of mediaeval universities in awakening of medicine. Long struggle of the barber surgeons and advancements in surgery. Pioneer leaders and "truth seekers" in anatomy, physiology, chemistry, etc., and their relation to the development of medicine. Bacon, Vesalius, Harvey, Paracelsus, Paré and Sydenham as types of the newer group of physicians, surgeons and scientists. Decline in the religious orders and suppression of many. General deterioration in hospital and nursing work. Hospitals gradually taken over by the civil authorities. Servant nurses generally employed for the care of the sick both in religious and civil hospitals. "Sairey Gamp," —type of the ignorant, secular, servant nurse or "monthly nurse," the negative of religious, chivalrous and scientific ideals. Amateur "Lady Bountiful" type of nursing and charitable work in parish and country districts.

VII. *Humanitarian Movements of the Early Modern Period.*

Beginning of organized charity in France (17th Century) under leadership of St. Vincent de Paul and Mlle. Le Gras. Work of Sisters of Charity. Reforms in care of prisoners, insane and sick in hospitals, stimulated by work of John Howard, Elizabeth Fry, William Tuke, Philippe Pinel and other humanitarian leaders. Revival of deaconesses by the Fliedners. Humanitarian and religious ideals combined in these newer nursing organizations, with beginnings of definite standards of nursing work and training.

VIII and IX. *Founding of Modern Nursing and Contemporary Movements.*

Story of Florence Nightingale's early life and her work at the Crimea. Her new conception of nursing as an economically independent secular vocation or art demanding intelligence, knowledge, and skill, as well as devotion and moral purpose. The necessity of long and careful training emphasized and the first schools of nursing established. Ideals of nursing as shown by Florence Nightingale's example and teaching. Influence on nursing of the growing freedom and independence of women, educational advancements, social and philanthropic movements, and scientific advances of the 19th Century in medicine, surgery, sanitation, anaesthetics, etc., Pasteur, Lister, Morton, Holmes, Semmelweis and other leaders of this period.

X and XI. *Development of Nursing in America.*

Conditions in the early pioneer period and influence of different European groups on care of the sick. Early hospitals in French Canada. Jeanne Mance as a type of pioneer nurse and citizen. Development of early hospitals in New York, Philadelphia, etc. Dorothea Dix and the movement for better care of the

insane. Nursing during the Civil War and contribution of Clara Barton and other war nurses of this period. Adoption of the Nightingale system in America and founding of first nursing schools. Early leaders in nursing education, Linda Richards, Mrs. Robb and others. Beginning of nursing organizations and publications (very briefly).

XII. *Scope of Modern Nursing.*

Brief survey of the various types of service which are open to the graduate nurse, emphasizing the importance of sound basic training and the development of necessary qualifications and wide interests during the period of preparation. Study of one or two outstanding leaders in each of the main fields of nursing.

XIII. *Nursing in Other Countries.*

Brief survey of outstanding countries working under different systems of nursing. Study of a few representative leaders and introduction to some of the nursing journals from other countries.

XIV. *Development of Nursing Traditions and Ideals Reviewed.*

Meaning and value of traditions. Gradual evolution of nursing traditions and influence of all the groups that have shared in nursing work in the past. Meaning of professional status. Necessity of evaluating traditions and ideals in light of present-day knowledge and standards. Responsibility for advancing and enriching inheritance of past. Summary of outstanding traditions in relation to hospital life.

XV. *Examination.*

Outline of Classes in Nursing Ethics

I. *Introduction.*

Meaning and derivation of ethics, morals, customs. Distinguished from etiquette, manners, religion. Different levels of conduct. Personal or reflective morality as compared with group or customary morality. Evolving standards of conduct. Essentials in ethical conduct,—right feeling, right thinking, right doing. Relationship between conduct and character.

II. *The Social Basis of Ethics.*

The old problem of individual vs. society. Group welfare not incompatible with individual welfare and development. Mutual responsibility of individual and group. The social ideal expressed in principles of democracy. Social welfare requires efficient service from each member of the group, working toward the ideal of social progress. Extremes of individualism or socialism both undesirable. Examples of extremes of self-effacement and self-sacrifice in individuals and groups in the past. Some tendencies toward extremes of self-expression in present.

III. *The Nurses' Contribution to Society.*

Value of the nurse's service in hospital, home and community. Primary responsibility in the safeguarding of human life. Duties of citizenship apart from professional service. Some outstanding women citizens of the community or country and what they have contributed. What some outstanding nurses have done for health and social welfare. Public spiritedness expressed in common tasks as well as heroic deeds.

IV. *What the Individual Nurse Should Expect from Society.*

Fundamental rights of life, liberty and the pursuit of happiness. Protection of health and property, opportunity for work, education, etc. Satisfaction and happiness desired by all human beings. Different levels and types of satisfactions, some anti-social in character. Problem is one of developing a larger self which will not desire satisfactions that interfere with the common good. Conflict between egoism and altruism. How to secure self-expression by right direction of natural tendencies rather than by complete repression.

V. *The Nurse in Relation to the Hospital and Nursing School.*

Responsibility of the hospital to patients and community. Responsibility of the school to both patients and students. Students' responsibility to school and hospital and to their representatives. Purpose of rules and regulations. Importance of loyalty, courtesy and team work in all relationships.

VI. *Student Government.*

Its meaning, principles and obligations. One of the purposes of student government to train the student in the practice of such habits of conduct that she will be able by independent exercise of judgment and initiative to meet the responsibilities placed upon her.

VII. *The Nurse in Relation to Her Work.*

Work as a means of happiness, growth and self-realization. Standards of good workmanship. The spirit of the craftsman or artist. The spirit of the professional worker. The scientific spirit. "Businesslike" qualities. All required in hospital and nursing work. Importance of economy, accuracy, system, etc. Meaning of honesty in relation to use of hospital supplies and property.

VIII and IX. *The Nurse in Relation to Her Patients and Their Friends.*

The older ideal of nursing service centering on individual compared with the modern ideal which considers the family as a unit and the community health and welfare as well. The patient's three selves, physical, mental, and spiritual. The foreground and background of the patient. The responsibilities of the nurse in cases of danger, accident, death, etc. Ethical responsibility for patient more fundamental than legal responsibility.

X. *Relations with Fellow Students and Staff.*

The question of class organization and class distinctions. Seniority a "fetich" or a courtesy. Respect for personality, for individual honor, for property, etc.

XI. *Relations with Co-workers in Other Groups.*

Modern tendencies toward specialization in the care of the sick and development of various kinds of experts. Recognition of the expert essential to good team work and to welfare of the patient. Professional etiquette in relation to physicians, social workers, etc. Attitude towards domestic staff of hospital and other workers.

XII. *Health, Recreation and Amusements.*

Relation of health and ethics. Emphasis on positive health. Questions in relation to diet, infections, overstrain, etc. Habits that tend to undermine health. Responsibility of nurse in case of illness. Importance of cultivating outside interests, hobbies, etc. Friendships between women,—between men and women.

XIII. *Dress and Deportment.*

Importance in relation to the individual herself and the groups she represents. Economic and aesthetic aspects of dress. Extremes of dress. The correct use of the uniform. Dress for social occasions. Voice and deportment as indications of good breeding.

XIV. *Provision for Growth and Character-building.*

Sources of stimulation and growth—education, life experience, religion, etc. Value of the nurse's training as a means of ethical development. The lowered threshold of "night duty" as a test of character and an opportunity for professional and moral growth.

XV. *Examination.*

Methods of Teaching

1. In such a short course it is impossible and unnecessary to take up many detailed historical facts. If the students get a good general picture of the progress of nursing and the interesting personalities and events which have helped to mold it, if they catch the spirit of the great leaders, and if their interest is aroused in the literature of nursing, the greatest result will have been achieved. The class and discussion method is to be preferred to the lecture for most of this course.

2. It is essential that some view of the general historical background should be given before taking up the nursing history. A rough tabulated chart of the chief historical epochs and events of European history according to centuries will help to place the general scheme before the pupil's mind and will enable her to correlate her nursing and general history better.

3. The practice of ethics is a matter of attitude, spirit, and will, more than knowledge. Teaching will never be effective in changing behavior unless it is backed up by the example and personality of the teacher and by the atmosphere and influences which surround the pupil every day. Every subject taught in the training school should be a medium for teaching ethics, and every problem which the student meets in her daily work, should be an opportunity for practice in ethics. The social life of the student nurse is a particularly strong influence in shaping her ideals and developing her powers. Emphasis should be laid on the formation of habits of positive service and helpfulness rather than merely the correction of faults and the observation of rules and regulations; on the strengthening of character through complete development rather than the repression and elimination of the more undesirable traits. If the principles of student government are in force in the nurses' home, it will give a much better opportunity for exercising the qualities of self-direction and self-control in regard to the students' personal life.

4. In teaching ethics, concrete examples should be given to illustrate every point, or to lead up to the discussion. These examples will be found in history and standard literature, poetry, current fiction, newspaper items or personal experiences. It is better to give as broad a point of view as possible. Students should be asked to bring in examples and to contribute to the discussions in every possible way.

5. If possible, personal conferences might supplement such a course. The teacher could thus get into closer touch with the students and could help them better in working out their individual problems.

6. Every means should be taken to make

the events and the personalities vivid and concrete. A collection of historical books and slides, adds greatly to the interest.

Illustrative Material

Photographs of pictures illustrating care of the sick in ancient and modern times, nursing saints, medical and nursing leaders, historic institutions, etc. See illustrated books such as Richer—*L'Art et la Medicine*, Lacroix— Military and Religious Life in the Middle Ages, Mullerheim—*Die Wochenstube in der Kunst*, etc., also lantern slides prepared by the National League of Nursing Education.

Text and Reference Books for History of Nursing[1]

Group I—

Cook—Life of Florence Nightingale, 2 vols.
Cook—Shorter Life of Florence Nightingale, 1 vol.
Dock and Stewart—Short History of Nursing.
Nutting and Dock—History of Nursing, 4 vols.
History of the American Red Cross (Official).

Group II—

Berdoe—Origin and Growth of the Healing Art.
Boardman—Under the Red Cross Flag.
Dickens—Martin Chuzzlewit.
Epler—Life of Clara Barton.
Myers—History as Past Ethics.
Richards—Reminiscences of Linda Richards.
Robinson and Breasted—Outlines of European History.
Saleeby—Surgery and Society.
Tiffany—Life of Dorothea Dix.
Tooley—History of Nursing in the British Empire.
Withington—Medical History from the Earliest Times.
See also Encyclopedia Britannica under Medicine, Monasticism, Chivalry, Church History, Mendicant Orders, St. Francis, etc.

Text and Reference Books for Ethics of Nursing[1]

Group I—

Addams—Democracy and Social Ethics.
Cabot—What Men Live By.
Dewey and Tufts—Ethics.
Emerson—Essays.
Mackenzie—Manual of Ethics.
McDougal—Social Psychology.
Nightingale—Notes on Nursing.
Nightingale—Talks to Pupil Nurses.
Parsons—Nursing Problems and Obligations
Robb—Ethics of Nursing.

Group II—

Bagley—Human Behavior.
Cabot—Every Day Ethics.
Cabot—Social Service and the Art of Healing.
Devine—The Normal Life.
Dewey—Democracy and Education.
Goldmark—Fatigue and Efficiency.
Maeterlinck—Life of the Bee (Spirit of the Hive).
Royce—Spirit of Loyalty.
Talley—Ethics for Nurses.
Tawney—Aquisitive Society.
Tyler—Growth and Education.
See also references under Survey of the Nursing Field and Professional Problems.

[1] Group I is composed of books considered essential or very desirable; Group II, of those distinctly helpful for the teacher or for wider reading by the student.

A Correction

In the Obstetrical Nursing Outline, page 216 of the March *Journal*, DeLee's Obstetrics for Nurses should be included in *Group I*, rather than in *Group II*.

Schools for Nurses in Switzerland

THERE are in Switzerland 12 schools for the training of nurses, 5 private schools, 4 institutions for deaconesses, 3 Catholic schools and institutions, where an average number of 250-300 nurses, Sisters and deaconesses are trained every year. There are, further, at Geneva and at Zurich, schools for the training of public health nurses and health visitors, where trained nurses may become specialized in the fight against tuberculosis. Others merely attend a course at a tuberculosis dispensary or a hospital. So far in Switzerland there is no legislation in connection with the nursing profession or health visiting.

Bulletin of the International Union against Tuberculosis, November, 1925.

SURVEY OF NURSING FIELD AND RELATED PROFESSIONAL PROBLEMS[1]

Time: 30 hours—Lectures, classes and conferences, conducted by the Director of Nurses and special lecturers representing different fields. Given in the third year.

Objects of the Course

1. To introduce the student nurse to all the varied branches of nursing work, so that she may be better able to choose the field in which she is likely to find the greatest interest and success.
2. To show students what is being done in all these important fields, what the main problems are, and what their responsibilities are in connection with them.
3. To anticipate some of the problems which will confront the students when they graduate, and to help them to meet their difficulties in a rational, high-minded and effective way.
4. To awaken their interest in professional organizations, and to secure their enthusiastic coöperation in advancing the mutual interests of the public and their profession, by means of a full understanding of their own citizenship and professional relationships.

Outline of Classes

I. *Introduction.*

Brief survey of the historical development of nursing work, showing division into three main branches—the hospital, public health and private nursing. Core of common knowledge essential to all three branches. Later subdivisions of each of these main branches into many distinct fields. Reasons why nurses should choose future work with care. Points to be considered in choice of vocation. Need of further training for special branches or positions of leadership. Kinds of training available.

II. *Nursing Education.*

Educational status of nursing as compared with other professions. Economic difficulties in establishing a sound basis for nurses' education. Need of independent endowment for nursing schools, better applicants, higher standards of education, suppression of commercial and inferior schools. What constitutes a good school of nursing. Points to be considered in regard to postgraduate training. Development of university schools, university affiliations, and postgraduate nursing courses in universities. Nurse's responsibility for her own efficiency and for increasing the general fund of professional knowledge.

III. *The Social and Civic Status of Nurses.*

Claims of nurses to professional status based largely on service rendered to the public and on controlling ethical and educational principles. Responsibility of individual nurse in maintaining professional and social status. Qualities of conduct which make one acceptable in good society. The nurse as a citizen and public servant. What the community has a right to expect of her. Duties in times of crises,—war, epidemics, etc. Responsibility for community health and welfare. Relationship to civic, philanthropic, religious, educational and public health agencies and activities. Relations to women's clubs and organizations which aim to advance the welfare of women.

IV. *Professional Ethics and Etiquette.*

Origin of the ethical code of medicine. The nurses' code. Accepted forms of professional courtesy. Relation of the nurse to the physician in all the various branches of nursing work. Relations of individual nurses to one another, and to the profession as a whole. The necessity of loyalty, harmony and coöperation. Primary rights of the patient and the patient's family in case of doubt. Possible conflicts between the general good and professional solidarity. Nurses' attitude toward incompetents, irregulars and quacks in both nursing and medical professions. Professional courtesies toward representatives of related professions and occupations.

V. *Nursing Economics.*

The economic status of the nurse as compared with other professional women. The professional as opposed to the commercial spirit. The economic independence of the modern professional nurse compared with the comparative dependence of the religious orders. Provision for sickness and retirement. Business principles as applied to bills, banking, investments, insurance, etc. The nurse's budget. Proportion of yearly income spent in rent, board, clothing, etc. Principles of economy. Loan and relief funds for nurses. The sliding scale of charges. Provision for maintenance of health and working capacity. Regulation of conditions of work in all branches of nursing,—hours, vacations, living conditions, rest, sleep, food, etc. The social

[1] Prepared by the same sub-committee as the preceding outline.

life of nurses. Provision for recreation and self-improvement. Nurses' clubs and hostels. Nurses' registries. Professional vs. commercial bureaus. The central registry,—how it should be maintained and managed.

VI. *Legal Problems (given by a lawyer).*

Laws which affect the nurse in her relations with patients, physicians, hospitals and the general public. Legal situations in which a nurse may be involved,—accidents, sudden death, poisoning, suicide, homicide, insanity, etc. Court procedures,—espcially those involving testimony by nurses. General advice to nurses in all cases where legal difficulties arise.

VII. *Hospital or Institutional Nursing.*

History of the origin and development of hospital nursing reviewed. Nature and general conditions of work, salaries, qualifications and preparation for executive positions, such as Hospital Superintendents, Assistants, Dietitians, Social Service Workers, Housekeepers or Matrons of Nurses' Homes, etc. Technical specialties such as Operating Room work, administration of Anaesthetics, Occupational Therapy, Physiotherapy, Massage, Hydrotherapy, Electrotherapy, Laboratory and X-ray work—duties, opportunities, qualifications and training demanded. Positions as hospital consultants.

VIII. *Educational Work in Hospitals.*

Origin and development of nursing schools and the work of the school as distinguished from that of the hospital. Types of organization of nursing schools such as University Schools, Central Schools, Independent Schools, and those connected with hospitals. Support of schools of nursing, budgets, etc. The position and duties of the Director of Nurses, of the Instructor of Nurses, Assistants, Supervisors and Head Nurses,—qualities and training demanded. The scope of educational work in nursing schools. Affiliations. Continuation courses. Postgraduate courses. Growing importance of this field. Inspection of nursing schools.

IX. *Hospital Organization.*

Different types,—municipal, state, private, semi-private. Study of general plan of organization in hospital. The ward as a hospital in miniature. Needs of wards as sample of needs of hospital as a whole. Relation of ward to other departments of hospital,—kitchen, laundry, linen and supply rooms, pharmacy, social service department, nursing school, admitting department, general office, etc.

X. *Ward Planning and Equipment.*

The planning of wards and accessory rooms; size and arrangement for convenience in work; finish and structural equipment. Standard hospital furnishings. Average allowance of linen, utensils, etc., per patient. Standardization of equipment for different types of work. Consideration of use, cost, special advantages, durability, sanitary features, etc. Economy in use of equipment and supplies. Care and renewal of supplies. Methods of exchange. Responsibility for medical and surgical supplies of wards. Methods of purchase,—contract, open market.

XI. *Ward Personnel and Its Organization.*

Responsibility of head nurse for ethical atmosphere. Influence of her personality in developing *esprit de corps* of the ward. The head nurse as a judge of character. Especial responsibility toward the new probationers. Relation of head nurse to visiting staff, house staff and nurses, students and employes. Arrangement of ward services, hours of work for nurses, on-duty time, etc. Reasons for the eight-hour day and various systems of carrying on ward work on this basis. The night nurse and her special problems. Special nurses—hours of work, relief, etc. Relation of head nurse to maids and orderlies,—interest in their hours of work, living conditions, recreation, etc.

XII. *The Head Nurse in Her Relation to Her Patients and as an Executive.*

Purpose of hospital,—care and comfort of patients. The rights and obligations of patients in a hospital. Attitude and support of community influenced largely by personal care and consideration of patients and attitude toward their friends and relatives. Some principles of good management, collectiveness and coöperation. Capacity for leadership,—how developed. Dangers of arbitrary leadership. Staff and line functions. Relation of head nurse to other hospital departments. Assignment of work. Value of schedules. Delegation of responsibility. Discipline,—its meaning and purpose. Test of ability for executive work. Opportunity for individual development. Review of general principles of household economics. Establishment of standards. Inventories. Stock taking. Repairs and renewals. Disposal of garbage and waste. Prevention of pests. The ward unit and its care.

XIII. *The Head Nurse as a Teacher.*

Teaching functions of the head nurse,—what they involve. Value of bedside teaching.

Supervision and constructive criticism of work done by nurses. Perfection of technic, standardization of work, motion study. Need of keeping in touch with theoretical teaching given to nurses. Coöperation with instructor of nurses. Head nurse as teacher of applied hygiene and sanitation to patients and public. Head nurse as teacher of ward maids and orderlies in methods of housework, care of cleaning utensils, cleaning process and agents, etc.

XIV. *Private Nursing and Miscellaneous Branches.*

Origin and development of private nursing. Scope of the field. Duties and economic status of the private nurse. Prospect for advancement. Newer specialties in private nursing,—hourly and group nursing, office nursing, nursing in school and college residences, nursing with travel bureaus, etc. Nursing in home and foreign mission fields. Home nursing and child care. Duties and position of registrars. Nature and conditions of work in all these fields. Salaries, qualifications and preparation demanded.

XV. *Essentials to Success in Private Duty.*

Considerations which would determine the choice of this branch of work. Demands on health,—need of special attention to rest, exercise, food, etc. Requirements as to personality and character. Professional requirements—special kinds of skill, knowledge and social customs and observances which make one at home in good society. Companionship, —resourcefulness in providing diversion and entertainment for patients when necessary. Educational functions of the private nurse. Opportunities for teaching and influencing homes and communities.

XVI. *Living Conditions and Expenditures.*

Where to locate. The relative advantages of larger and smaller centers. Special needs of the small town. Importance of joining a good registry. Rules of the registry. The responsibility of the private nurse for the care of sick patients of all types and conditions. The ethics of picking and choosing among cases. General nursing versus specialization in private nursing. How to get in touch with physicians and hospitals. Engagements and charges. Identification with local nursing interests. Relationship with nurses from different schools, practical nurses and attendants.

The private nurse's income—proportion to be devoted to professional and personal expenses. Requirements in clothing. Recommendations as to uniforms, street clothes, clothes for night duty, shoes, etc. Equipment required for general, special, hospital and country cases. Problems of living, budget, saving, seasonal occupation. Choice of a room and provision for meals when off duty. The relative advantage of the nurses' club, coöperative housekeeping, and boarding. Importance of good telephone service. Laundry problems.

XVII. *The Nurse in the Home.*

The position of the nurse in the family. Relationship to the patient, the members of the family, servants and visitors. Looking at things from others' point of view. How to secure the assistance and coöperation of the patient and family. The choice, arrangement and care of the sick room. The ordering and serving of meals. Preparation of special diets in the home. Economy in sick-room supplies. How to improvise equipment. Adaptation of treatment with limited equipment. The importance of records. The daily routine in ordinary cases.

XVIII. *Special Duty in the Hospital.*

Conditions of special duty in various types of hospitals. Customary regulations concerning hours, relief, room, board, remuneration, etc. Relation of the special nurse to the officers of the hospital and nursing school, visiting and resident physicians, pupil nurses, ward maids, and orderlies, and other special nurses. Duties of the special nurse on ward or private duty cases. Reports and records. The use of hospital supplies. Night work in the hospital. Coöperation of nurses on the same case. Loyalty to hospital employing.

XIX. *Hotel Life and Traveling.*

Special difficulties presented by hotel life. Problems of uniform, meals, relief, etc. Relationship of the nurse to hotel management, staff and guests. Preparation for traveling at home and abroad. Requirements and conveniences for both patient and nurse. How to pack a trunk and attend to baggage. Management of the journey. Arrangements for meals, transportation at station, etc. What to do for train-sickness and sea-sickness. Special points in traveling with a baby, a male patient, a bed-patient, an insane or nervous patient, etc. (Demonstration of packing a trunk might be given by an expert.)

XX. *The Public Health Field.*

(Care should be taken that the following lectures make use of the material given in the series under "Modern Social and Health Movements" as a background, so that this

material is a progression, not a repetition, from what has already been given.)

Early history. Beginnings seen in work of early religious orders, and later under Deaconesses. Finally, in England, dissociated from the Church, and the foundation laid for modern visiting nursing. Emphasis during this early period on care of sick poor in their own homes,—a curative service for the less fortunate in larger cities.

Early development in the United States,—increasing emphasis on offering this visiting nursing service to people of moderate means as well as to the poor, on a pay basis for those able to afford payment, but giving the same service free.

Influence of the new public health movement,—20th century.

Emphasis on prevention. Need of an acceptable health educator in the home made the nurse the central figure in each preventive program. Development of specialized instructive nurses going to the home,—tuberculosis, infant welfare, school, industrial nurses, the visiting nurse, however, continuing to emphasize bedside care.

More recent development tends to emphasize general fundamental principles and standards for all public health nursing, less hard and fast lines of demarcation, and enlarged objectives in the field of visiting nursing.

XXI. *Modern Public Health Nursing Movement.*

Definition of Term. Fundamental principles; purpose—cure, prevention, health promotion; requirements and qualifications; professional ethics; divorce from politics; nonsectarian; coöperation with all community resources; cost basis (through fees or taxes for those able to pay, and the same service given free to those who cannot pay); community organization,—"of the people, for the people, by the people."

Work and influence of the National Organization for Public Health Nursing. Brief survey of present emphasis in various branches of Public Health Nursing.

Visiting Nursing,—general family health work, including bedside care. Tuberculosis nursing,—through clinics, work in the home and educational work throughout the community, assisting in adequate care of those suffering from tuberculosis, protecting those who are contacts, and promoting health especially in children so that they may resist the disease,—largely a health teaching service. Infant welfare nursing,—from the prenatal period to school age, work through health centers and clinics, with follow-up work in the home, teaching mothers how to bring healthy children into the world and how to keep them healthy,—largely by instructive service.

XXII. *Modern Public Health Nursing Movement (continued).*

School Nursing,—medical inspection of school children, correction of physical defects, educational health program within the schools carried on in coöperation with school authorities,—instructive service in school and home. Responsibility toward the physically and mentally handicapped children.

Industrial Nursing,—protection of the health of the employe while within the industry, and follow-up work in the home.

Sanitary inspection. Hospital social service. Effect of the war, influenza epidemic, and Red Cross program on the public health nursing movement. Increasing tendency toward a centralized community service. Contrast field of public health nursing in urban and rural communities. Opportunities and salaries in the field of public health nursing.

XXIII. *Federal Nursing Services.*

The Army Nurse Corps. The Navy Nurse Corps. The United States Public Health Nursing Service. The Veterans' Bureau Nursing Service. The Nursing Service of the Indian Bureau. The Provisions of the Nursing Service of the United States Civil Service Commission under which nurses in the last-named three services must qualify. Brief history of each service with special reference to the work during the war. Eligibility requirements and preparation necessary. Nature and possibilities of work in each field for national defense as well as for peace-time activities.

XXIV. *Red Cross Nursing Service.*

History. Organization. Professional and other requirements for enrollment. Types of enrollment. Assignment to duty. Relation to Army and Navy Nurse Corps, and other Governmental Services. Utilization of Red Cross nurses in war—disaster—Public Health Field—in Red Cross Educational work—and other Red Cross activities.

XXV. *Nursing Organizations (general and alumnae).*

What organization has done for nurses. Essential elements in any organization. Types of nursing organizations. Aims and activities of the alumnae. Duties of organization and

parliamentary procedure for use in nursing organizations.

XXVI and XXVII. *National Nursing Organizations and Publications.*

Development, main activities and general plan of the American Nurses' Association, National League of Nursing Education and National Organization for Public Health Nursing. State and local branches. Publications and reports. The nursing press—*American Journal of Nursing*, *Public Health Nurse*, and other publications. Dangers in commercialization of nursing publications. The work of secretaries and other positions in connection with organizations.

XXVIII. *Nursing Legislation.*

Registration of nurses through legislative enactments as a valuable means for controlling the practice of nursing and the education of nurses. History of the registration movement in America. Essentials of a good bill, and measures for its enactment. Present status of nursing legislation in different states (briefly).

XXIX. *International Relationships.*

Origin, aims, and activities of the International Council of Nurses. Brief survey of countries represented, noting general hospital and nursing situation, social, educational and economic status of nurses, leading women and publications. Attitude toward nurses of other countries. Means for the promotion of friendly and helpful relationships with other countries. Opportunities for assisting in the development of nursing in backward countries.

XXX. *Examination.*

Methods of Teaching

Although lectures by especially qualified persons should constitute the backbone of this course, ample opportunity should be provided for discussion. It would be very helpful also to have the students organize a *Journal* Club to run parallel with this and other courses in the Senior year.

A suggested plan is to assign a topic to each student, and have her search for important articles on that topic. The project method can be used to advantage, particularly in connection with the lectures on institutional work.

Illustrative Material

Books, pamphlets, journals, pictures, lantern slides, photographs and charts. Special articles illustrating the subjects.

Text and Reference Books[1]

Group I—

Dock and Stewart—History of Nursing.
Nutting—Educational Status of Nursing.
Nutting—A Sound Economic Basis for Nursing Schools.
Goldmark—Report of Committee on Nursing and Nursing Education in the United States.
Emerson—Essays.
James—Science and Teachers.
Gardner—Public Health Nursing (revised edition).
Baker—Child Hygiene.
Kelly and Bradshaw—School Nursing.
Wald—The House on Henry Street.
Boardman—Under the Red Cross Flag.
History of American Red Cross Nursing (official).
Reports of League of Nursing Education.
Historical Sketch of the American Nurses' Association (Headquarters).
Accredited List of Nursing Schools, American Nurses' Association.
Digest of Laws, American Nurses' Association.
Pacific Coast Journal of Nursing.
Public Health Nurse.
Journal of Occupational Therapy.
The American Journal of Nursing.
Hospital Social Service.

Group II—

Brainerd—Evolution of Public Health Nursing.
Cabot—Everyday Ethics.
Cannon—Social Work in Hospitals.
Crowell—Tuberculosis Dispensary, Methods and Procedure.
Davis and Warner—Dispensaries: Their Management and Development.
DeWitt—Private Duty Nursing.
Emerson—Twelve Principles of Efficiency.
Gulick and Ayres—Medical Inspection of Schools.
James—Shop Management.
Kingsbury—Vocations for Trained Women.
Merimann—Psychology of Learning.
Morley—Women Workers in Seven Professions.
Nightingale—Notes on Nursing.
Nutting and Dock—History of Nursing, Vol. I to IV.
Osler—An Alabama Student and other Essays.

[1]Group I is composed of books considered essential; Group II of those distinctly helpful for wider reading.

Osler—Aequanimitas and other Addresses.
Paget—Confessio Medici.
Palmer—The Ideal Teacher.
Parsons—Nursing Problems and Obligations.
Perkins—Vocations for the Trained Woman.
Pickett—The American National Red Cross.
Pillsbury—Essentials of Psychology.
Robb—Educational Standards.
Robb—Nursing Ethics.
Stewart—Opportunities in the Field of Nursing (pamphlet).
Struthers—The School Nurse.
Taylor—Shop Management.
Waters—Visiting Nursing in the United States.
American Journal of Nursing.
British Journal of Nursing.
The Canadian Nurse.
The Modern Hospital.
The Nation's Health.
The Survey.
Report of the Committee to Study Visiting Nursing.
Municipal Health Department Practice.
Circulars of information from Washington headquarters of each service. (See Directory in *The American Journal of Nursing*).
Articles on Government Nursing Services (*The American Journal of Nursing*, April through August, 1925).
Circulars of information concerning the services of the American Red Cross.
Other sources of information—Metropolitan Life Insurance Company, Child Health Association, Hospital Library and Service Bureau, Chicago, National Health Library, 370 Seventh Ave., New York.

Reprints of these outlines may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.

From England

THE *Record* of the Public Health Section of the College of Nursing, Limited, of London, England, says:

The new regulations of the Ministry of Health were issued on the 9th February, 1925, and are of great importance to nurses in the Public Health Service.

The College of Nursing has been recognized by the Ministry of Health as an approved training center to prepare nurses for the Ministry's Examination in Public Health and has arrrangod for a full-time six months' course of training which includes both theoretical and practical experience. This course is especially adapted to the needs of trained nurses, and has been adapted to avoid overlapping with their previous education and experience.

For the last two weeks before the next examination for the new Certificate there will be a Postgraduate week of lectures, and for those who wish it, a second week of coaching at the College to assist as many as possible to take the examination on the 16th and 17th April, 1926. For this course nurses may apply to their Local Authorities for financial assistance.

The foreword is the following quotation which might profitably be applied to some of the nursing problems on this side of the water.

The Public Health Nursing Service can be reformed in the best interests of the public whom we serve and of the Nurses themselves, but it depends upon the active and intelligent coöperation of every Nurse employed in the service, and upon our united action for the common weal of our race.

Health is not only to be well but to be able to use well every power we have.

—FLORENCE NIGHTINGALE.

Our Contributors

Elise Van Ness, Publicity Secretary of the American Nurses' Association, is the author of the delectable "Mrs. Pepys Visits National Nursing Headquarters." We hope that many of the visitors to the Health Congress will be moved to imitate Mrs. Pepys and so find out for themselves what an interesting and friendly place it is.

Dr. M. G. Peterman, until recently of the Mayo Clinic, is Director of the Medical Laboratories of the Children's Hospital of Milwaukee and a practising pediatrician. We requested the article because his work on Epilepsy had been described to us as "little short of magic."

Emma van Cleve Skillman, R.N., is a private duty nurse who needs no further introduction to *Journal* readers.

Undoubtedly it was a shock to anti-feminists in the Army to see the maple leaves signifying the rank of major on the shoulders of **Julia C. Stimson, M.A., R.N.**, first woman to hold that rank in the U. S. Army. The thousands of nurses who worked to secure Rank for Nurses will be interested to know the benefits it has conferred.

To **Mrs. Norma Sauer Selbert, R.N., M.A.**, graduate of Christ Hospital School for Nursing, Cincinnati, teaching is a vital thing, for she has taught with enthusiasm in schools of nursing and in several colleges. She is now Assistant Professor of Public Health in the College of Medicine, Ohio State University.

We know that **Mrs. Mildred Sherman Sloan's** article will set many a Superintendent planning for a Harmony Circle.

F. Ruth Kahl, R.N., is teaching supervisor of the Milwaukee Visiting Nurse Association. We believe her article has very real value for the private duty nurses who are a bit reluctant about taking communicable disease cases.

Bertha Wood's third article, "Calculating a Nephritic's Diet," was written with private duty nurses especially in mind. The editors would like to know if it proves useful.

The rich rewards of the courage and patience required for teaching in foreign countries is well illustrated by **Mrs. Smith's** story of the Edith Winchester School.

Alma E. Gault, R.N., has done a conspicuously fine piece of nursing and teaching in the erysipelas ward of the Philadelphia General Hospital of which she is head nurse.

Isabel M. Lowman (Mrs. John H.) has maintained an active and comprehending interest in all aspects of nursing throughout many years. We agree with Mrs. Lowman and **Elizabeth R. Ireland (Mrs. James D.)** that it is important for us to seize every opportunity for enriching the spiritual lives of nurses.

We are indebted to **Mary Beard, R.N.**, for the editorial on Midwifery. Miss Beard writes with the insight gained by years of experience in public health nursing in Boston and by her unique opportunities for a study of maternal care in England and Denmark.

Plato—On Equal Pay for the Sexes

THEN, if we find either the male or the female sex excelling the other in any art or other pursuit, we shall say that this particular pursuit must be assigned to one and not to the other; but if we find that the difference simply consists in this, that the female conceives and the male begets, he shall not allow that that goes any way to prove that a woman differs from a man with reference to the subject of which we are speaking, and we shall consider that our guardians and their wives should follow the same pursuits.—*The Legacy of Greece*,

by R. W. LIVINGSTON, page 343.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

Nursing in Constantinople

THE shores of that narrow sheet of historic water separating Europe from Asia Minor ended the journey made by Miss Noyes across the continent from north to south. Continuing the preceding narratives, we find ourselves at the ancient gateway between west and east—Constantinople. Five years had elapsed since Miss Noyes was there previously. Then the school of nursing in connection with the American Hospital had just been opened. Conditions both in this city of seven hills, divided by the Golden Horn into old Stamboul and modern Pera, and in the hospital and school of nursing, had considerably changed in the intervening period.

In 1920, the harbor was crowded with eighty ships, on which were herded thousands of refugees from the Crimea after the defeat of General Wrangel's army, and the cruisers of the Allied fleets with American, British and French soldiers aboard. Turkey at that time was under the control of an allied Commission. It was amusing to see the British Tommy regulating the traffic in the narrow streets when it included desert sheiks with long trains of ambling camels loaded with charcoal, the high powered automobiles of the Sultan's entourage, two-ox teams of water buffalo, Egyptian princesses being borne softly along in Sedan chairs, *kamils* staggering under heavy burdens, and whole troops of American or British or Singhalese soldiers.

Then the school was housed in the former harem of a rich Pasha in old Stamboul near the famous Santa Sophia, now a mosque but once a Christian temple. It has since been moved across to modern Pera to the German Hospital which passed from the hands of the Germans to the British, before finally the American nurses entered. Ample quarters for all purposes are provided in this complete group of buildings in their own compound, having hospital accommodations for a hundred patients. Wards for general diseases are in the main building. Then there are a hospital of thirty beds for contagious diseases, a large dispensary, disinfector, nurses' residence, staff house for the rest of the personnel, laundry, greenhouse and gate house.

When Miss Noyes was there last September, the American Red Cross nurses numbered four, and there were thirty students of many nationalities including Russians, Greeks, Roumanians, Bulgarians and Turkish. A more active, alert group could not be found. They took delight in giving the visitor an insight into the life and customs of their own countries by dances in native costume and similar illustration. The living rooms for the staff and for the nurses were particularly interesting for, though furnished simply, they have some very beautiful rugs and big brass braziers in which the charcoal for heating them is burnt, with other characteristic features exclusively Turkish. Every afternoon the Americans in the city gathered there for tea.

The night of arrival was unforgetable. As the hospital is situated on a height, the view from the piazza (where dinner is always served) is marvelous. It sweeps over the Bosphorus as thousands of little lights begin to twinkle out, when the ships anchored in the stream light up, across to historic Scutari with its many glistening minarets

and the cream-colored barracks where Florence Nightingale tended her wounded soldiers and ennobled nursing for all time—the sight of which is a constant inspiration to the student nurses. Beyond, cypress groves loom sombre green and heavy against the sky, shrouding what is the largest cemetery in the world. Away back lie the blue hills of Turkey in Asia and there, far, far to the south, are the dim, cloudlike outlines of the Asiatic Olympus, near which many hundreds of years ago the Trojan and Greek armies waged their Homeric battle for the possession of fair Helen.

Along the Bosphorus, as far as the eye can reach, stand what were once beautiful white, marble palaces with lovely harem gardens. Distance lends enchantment to this view because closer inspection shows them crumbling into decay. On the right, looking towards the Black Sea, can plainly be seen the Round Tower that figures in Lew Wallace's book, "The Prince of India," later the tomb of Joshua high on the hills. Opposite it stands the fortification that surrounds various palaces built by the Sultan Mahommed II in a surprisingly short time, the tortuous outlines of which are supposed to represent his monogram.

But all is changing. An incident of Miss Noyes' visit symbolizes that change which must inevitably result in a new regime for schools of nursing in Turkey. While she was there, the order was issued permitting the men to lay aside their fez and the women their veils. The morning after, the picturesque chauffeur had given place to a hybrid Westerner whose fez was replaced by a pith helmet, such as is worn in the tropics, because it was the only "hat" he could find.

This is but one of many changes which, in all probability, will bring about the discontinuance of the school in its present form. Its expenses have increased. The medical school for women, functioning in connection with the American Hospital, which it used as a practice field, has been closed because, according to the new law, it is contrary for technical schools to be started except under government auspices. So the subsidies coming from American colleges for the maintenance of the hospital as a teaching field have been withdrawn. Another source of revenue has been stopped because of the recent United States Immigration Law. As the hospital is in close proximity to the Fabre Line offices, it once was used for the disinfecting of the large groups of emigrants before embarkation, but today very few leave Constantinople owing to the restrictions in force. And, lastly, as the American Navy is no more seen in these narrow straits, the numbers of sailors, who then needed this hospital, no longer use it. The result is that the cost of the maintenance of such a large institution is practically prohibitive when sources of income are reduced and expeditures increased.

At present there appears to be no reason sufficiently strong to justify the continuance of a large institution with a school of nursing. Registered under the Department of Education of Angora as a Middle Vocational School, and under the direct management of the municipal bureau of education, it is subject to the constant supervision of official examiners who look upon a school of nursing in the same way as they would a primary school! They expect, for instance, a certain number of hours' instruction each week to be given in Turkish.

It illustrates, of course, that the government is beginning to feel some interest in the schools under its direction and as the Red Crescent is establishing a school of nursing, the influence of an American School of Nursing is not as

greatly needed as it was when the demonstration was started.

Unquestionably, the demonstration has been an excellent one. The course of instruction today compares favorably with that in any good American school, and the work in the wards demonstrated the thoroughness of the teaching which the students are receiving. Many young women have been given a good education in nursing which will prepare them for a life of usefulness. Graduates of the school have gone forth in the cause of nursing education. Some are being used in connection with missionary work in Asia Minor, some in Bulgaria and others in Greece. So it seems that the American Hospital School of Nursing in Constantinople has already served the purpose for which it was started and while the Hospital and the School also may continue, it will probably be in a modified form.

Pan-American Red Cross Conference

Visitors from all parts of the world are already beginning to converge on Washington for the second Pan-American Red Cross Conference to be held in the National Capital from May 25 to June 5. Invitations to it were extended by the President of the United States as President of the American Red Cross. Practically every country in the Western Hemisphere, from Canada on the extreme north to Chile and Argentina on the extreme south, has accepted, and several European and Oriental nations will also participate.

Nursing is to be one of the important sections of a well-rounded program.

The main theme of such discussion will center around the training and activities of Red Cross nurses. It will range over the organization of nursing classes and teaching methods; the recruiting of student nurses with qualifications and educational standards, necessary conditions of work and the professional training of public health nurses, including special courses in public health, maternity and infant nursing, school, industrial, mental hygiene, venereal diseases and tuberculosis nursing. Taken in conjunction with the fact that the most eminent international associations are sending their representatives and that each Red Cross Society is bringing, in a consultative capacity, representatives of state health authorities and governmental institutions, the influence on nursing in the Americas promises to be considerable.

The International Council of Nurses has selected as its delegates, its first and second Vice Presidents, Clara D. Noyes of the United States and Jean Gunn of Toronto, Canada. It is possible that four other delegates will be present in an advisory capacity and, if this be so, they will include Alice Fitzgerald, whose great international experience and command of several languages, including Spanish, will prove most valuable. Jean Browne, representing the public health nursing section of the Canadian Nurses' Association, Miss Fox as United States representative, and one from Cuba.

Katherine M. Olmsted, Director of Nursing of the League of Red Cross Socities, under the auspices of which the Conference is held, arrived in the United States three months ago in preparation for the meetings. For many months past an American Red Cross Committee has been engaged in perfecting arrangements for this interesting and important gathering of all the Red Cross Societies of the Americas and prominent on it are Miss Noyes and Elizabeth Gordon Fox, Director of the Public Health Nursing Service.

Red Cross at Atlantic City

Red Cross nurses visiting Atlantic City for the forthcoming Biennial Meeting of the national nursing associations, to be held there from May 17 to 22 in

conjunction with the first American Health Congress organized by the National Health Council, will note with interest the participation of their Nursing Service in the program. It will be represented on the main program at one of the opening sessions; there will be meetings of the National Committee, State and Local Committees on Red Cross Nursing Service; and possibly a Round Table on Home Hygiene and Care of the Sick, as well as the usual social functions.

Unreturned Badges

Another list is appended giving the names of American Red Cross Nurses, whose enrollment has been annulled for various reasons but whose appointment cards and badges have not been returned. Nurses are reminded that these cards and badges always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Ethel Allman, Ethel Roxana Arthur, Mary B. Ballard, Mary Audrey Bartie, Margaretta R. Bennett, Sabina Pearl Charlton, Mrs. Catherine Anna Crawford (nee Kerr), Bessie Fennessy, Barbara Gertrude Franz, Mrs. Minerva Gates (nee Pensil), Mrs. Beatrice Gray (nee Gould), Coletta M. Greulich, Cora K. Griffen, Rose Gruber, Mrs. J. W. Hall (nee Florence A. Haas), Mrs. Margaret Charlotte Herter (nee Williams), Lulu W. Hibbs, Mrs. Robert Holsworth (nee Lou Dean Gentry), Katherine Huber, Ellen E. Johnson, Edith Jones, Anna Katherine Jorgensen, Winifred Sigler, Ruth E. Smith, Mrs. Lewis Stanley (nee Rachel A. Jackson) Nell Lois Staples, Alice Dorothea Suter, Alice Elizabeth Ward, Gladys Elizabeth York, Mrs. Blanche Little Young.

Items

Emily Skorupa, American-Polish Red Cross Nurse, graduate of the St. Mary of Nazareth School of Nursing, Chicago, who has been in charge of the Poznan School of Nursing since February, 1924, has returned to the United States. She has thus completed her second term of service in her mother country, her first having been under the American Red Cross Commission to Poland, 1920 to 1923. American Red Cross participation in the school ceased at the end of November, 1924, when it was taken over by local authorities. Miss Skorupa remained at the request of the School Committee to continue its direction at considerable financial sacrifice to herself. When she left, there were thirty students.

Reference was made in the November *Journal* to the school's graduates who had returned after postgraduate work on Rockefeller Foundation scholarships and who had been assigned, one to the Poznan University Pediatric Clinic to direct the public health activities there, another to the new school of nursing started at Krakow. A third will take charge of a department of the Poznan School when the present supervisory nurse leaves for postgraduate work on a Rockefeller Foundation scholarship. Miss E. Rabowska, a graduate of a Zurich school of nursing, succeeds Miss Skorupa.

Plan Now for May Day—Child Health Day

THIS is the century of the child and already, in the first quarter, we have cut the hazards of life for the newly-born in half. Where two babies died at the beginning of the century, only one dies now. Furthermore, largely due to the increased protection of children in the early years of life, the average span of life has been lengthened by nearly ten years. The Children's Bureau, Boards of Health, and the special machinery set up through use of Sheppard-Towner funds all have contributed to this result.

The American Child Association, in planning for the third celebration of Child Health Day on May 1st, is focusing attention on the perfect child and on positive health. It reminds us that 40,000 school children die each year from preventable diseases and that of all crippled adults, one-third receive their injuries during the first six years of life and a large percentage are needlessly handicapped.

Child Health Day will be an even greater rally day this year than last for, as Herbert Hoover has said, "Each year the results will double until it has become a national habit, an almost subconscious impulse, to remember the child wisely, constructively, from the day that parents are born until the day their children become parents, that, is, always. Then no words of any one man or woman will be necessary in defense of the nation's will that its children shall be well."

A Centennial Celebration

By Antonia Pitts, A.B.

School of Nursing, Medical College of the State of South Carolina, Charleston, S. C.

ONE hundred years ago, in the Fall of 1824, there appeared on the wall of the post office in Charleston, South Carolina, a small notice announcing the opening of a medical college in that city for November 12. Due to the brilliant reputation of the faculty and the high order of instruction, the institution soon ranked as one of the best in our country. Her graduates have ever been connected with every kind of advanced movement in medicine; some of them are numbered among the martyrs to science. To commemorate these achievements of their beloved Alma Mater, the Alumni from far and near met at the college in November, 1924, for a three-day centennial celebration.

Among the features of a skilfully prepared program was a series of tableaux presenting the story of medicine from the earliest times to the present day. The dean of the college, Dr. Robert Wilson, as raconteur, in his foreword said:

The story of medicine is a part of the larger story of human culture, and the course of medical progress is determined by the forces which direct the intellectual and spiritual development of the race. Arising in abysmal depths of primal ignorance the stream moves on, now sluggishly, now more swiftly, and now again with swelling volume and increasing strength manifesting dynamic energy, but the flow, withal, is continuous and the beginning and the end are united by an unbroken current.

Millions on millions have perished without contributing to the progress of humanity; they leave no history. Thousands have promoted at least the foundations of future knowledge; history records their names, for they labored. But only a few chosen spirits

have performed the highest services allotted to man.

Around these chosen few, centers the story of the tableaux which was presented in two parts, beginnings of medicine and modern medicine. In kaleidoscopic succession characters or groups portraying their special periods appeared. The first picturesque group numbered ten characters beginning with the Druid Priest and advancing to Harvey. Paracelsus, the self-styled Luther of medicine, caused a ripple of merriment when he rushed in, destroying a manuscript of Galen's, to whose teachings he was violently opposed.

The modern conception of medicine based upon the germ theory was most effectively developed from the time of the discovery of microörganisms, with a lens of his own making, by Anton van Leeuwenhoeck, to the present-day definite germ theory. An illustrious company was recalled as representative of this progress. Inoculation sponsored by Lady Montague, vaccination developed by Edward Jenner, Pasteur's germ theory, Robert Koch's isolation and culture of individual organisms, Emil von Behring's serum treatment, the study of insects as carriers, all proved exceedingly interesting.

Possibly one of these groups stands out as exceptionally interesting to the appreciative audience, partly due to the effective grouping and partly to the admiration for the individuals participating. Pasteur, represented by one of the eminent old physicians of the South, in the presence of the noble assemblage, was decorated by the President of France who, during the ceremony, according to the French custom, kissed him on each cheek; this, because of the well known personages furnished an amusing little incident to their many friends. An entertaining exhibition of Roentgenology and a modern operating room, in which was demonstrated the use of anesthesia and aseptic surgery, completed this section.

And yet the story of medicine would not be complete without reference to pharmacy and nursing; thus the last two tableaux were instrumental in completing the story for the time being.

As the nursing school is the youngest department of the Medical College, having been received into the organization as late as the year 1919, her offering was the last of the series.

This beautiful little scene was arranged around Florence Nightingale as the center of inspiration. This beloved leader with a candle in her hand, utterly wearied, soul and body, enters her room, sinks beside her table, and falls asleep. While she sleeps a vision comes to her, a fulfillment of her ambitions; she sees the incompetent nurse of that time make room for a group of well prepared, intelligent women, and in glad surprise she awakens to find her dream realized. Her fine face lights up with joy as she notes the great step forward. The progress was visualized through representative characters. Succeeding the old, inadequate type, was a member of the first group of Bellevue nurses, then a present-day student nurse, a graduate nurse, a Red Cross nurse, a county nurse, and last the college graduate nurse.

Through the century past, that spark has lighted the way and so rich is the contribution of that noble leader that for years to come

> That light its rays shall cast
> From portals of the past.

and always

> A lady with a lamp shall stand
> In the great history of the land,
> A noble type of good
> Heroic womanhood.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

At Work in China

FOR some time it has been in my mind to tell of the help and pleasure the *Journal* is in my work here. The December *Journal* has just arrived and I have enjoyed it more than any copy yet. It brings new inspiration in place of discouragement, and the work here is often discouraging.

I have been in China a little over three years and in Chinkiang a year. We have a new hospital with floor space for 125 beds though we have only fifty beds now. I have started a school for nurses and have fourteen men and four women students. In spite of the excitement of the past year, I have been able to organize sufficiently to get our hospital registered with the China Nurses' Association, and with the help of my splendid head nurse, Mr. Ying, I am laboring over the problems in the way of teaching these young people something of the care of the sick and the promotion of health, trying to help them learn something of the history and future of nursing and something of its ideas and ideals and to instill into them a little knowledge of cleanliness and order. 'Tis a job that requires the patience of Job and the wisdom of Solomon.

I spread my time over the many things that enter into the administration of a hospital; am housekeeper, business manager, accountant, superintendent of nurses, teacher, preacher, and sometimes, even doctor. I love the work, but I long for the time when I will have someone with me. I want a nurse to help in the teaching of the students and in the training of them on the wards. I am not able to give them time enough. It is trying sometimes, but it pays rich returns. I am happier in the work here than I have ever been in my life before.

The past year has been one of excitement and change. I came in answer to a telegraphed call for help and after three days' travel through a soldier stricken country (the Chinese have a term "soldier plague" which is very apt) reached Chinkiang to find the half finished hospital flooded with wounded from the battle front, a few miles south of here. This was in October, 1924. Chinkiang was taken by the southern army and after much excitement and a little looting (Chinkiang thus far has escaped wholesale plundering by either victorious or defeated armies) the old army of occupation moved out and the new came in. We had two months of comparative quiet when war again broke out and I wish that I could describe the days of the Chinkiang fighting. The wounded poured in and we had neither room nor equipment for their care. In a fifteen-bed ward I put ninety-eight men, their beds a little straw, commandeered from a glass factory near by, their covering the clothing, often scarce more than bloody rags, in which they came. The fighting began on Saturday and until Monday, we hardly stopped to eat, much less to sleep.

In addition to the wounded, we had crowds of refugees who came seeking protection (we were flying an American and a Red Cross flag). We took a large number of women and children refugees.

Next, in June, came the anti-foreign riots about which all the world has since read and heard. We had one riot and much agitation and all the foreigners were ordered to port cities for safety. I was the only white woman in Chinkiang for more than two months. We were busy in the hospital and I could not leave.

In October we had war again. The fighting was to the north, this time, but we had all the excitement of it with the people who had been parading the streets with banners, shouting on the street corners, "Kill the foreigners" and "China for the Chinese," again rushing to us for protection from the looting, plundering, soldiers. I did not take any more stuff than I could help, but I was surprised to find, when things settled a little and people carried their goods out, at the amount that had been slipped in without my knowing it. It is not over yet, but I am hoping that the cold or the New Year festival will cause a cessation of hostilities and the opening of the routes of travel for the China Nurses' Association conference to be held in Nanking in February and from which I am hoping big things.

CHARLOTTE A. DUNLAP, R.N.

Concerning Miss Richards

MANY letters of inquiry (which I find impossible to answer) come to me concerning Miss Linda Richards. Nearly a year has passed since (March 29) Miss Richards suffered from a cerebral hemorrhage. At first her life was despaired of, but she rallied and

although she is confined to her bed, and her mind not always clear, there are times when she asks about her friends and associates in the nursing field. It is sad to see such a wonderful spirit gradually fading away. Her condition remains much the same from day to day. She has two special nurses, and is always grateful and appreciative of the care which is so cheerfully and tenderly given her. Miss Richards came to the Frances Willard Homestead March 17, 1925. We have been greatly blessed by her coming, she has endeared herself to the hearts of all. It is a great privilege to have known and cared for her. . . . I hope some day there will be some such a home where nurses who have fought the good fight can cast aside their armor and have peace and rest.

ADELAIDE TOWNSEND, R.N.

Frances E. Willard Homestead,
Northboro, Mass.

[*Note:* The Francis Willard Homestead is the Nursing Home at Northboro, Mass., operated by the Francis Willard Settlement of Boston for invalid and crippled women of refinement.—EDITOR.]

Journals Wanted

Georgia Headquarters Office, 41 Forrest Avenue, Atlanta, desires the following Journals and will pay for them at current rates: 1901, December; 1902, January, September, December; 1904, October; 1905, February; 1909, October, November; 1910, April, May, September; 1911, August, September, October.

Can anyone supply the following numbers to complete a set of Journals for the International Council of Nurses? 1900 complete, 1901 complete, 1904—Jan., Feb., March, April, and June.

Journals on Hand

Phoebe M. Kandel, School of Nursing, Cincinnati General Hospital, Cincinnati, Ohio, has the following duplicate copies: 1920, September-December; 1921, January, July, August; 1922, January, October; 1923, February; 1924, January, February, October.

Out of the Mail Bag

You will note we have four copies of the *Journal* coming to my home address: one is City Health Nurse, one private duty and one is ill with tuberculosis and has no permanent address, so I have it come here, and my own make four in all.

Nebraska J. H.

I have a patient in a private home at present, and it is a great pleasure for the daughters to read the *Journal*. They are educated women and I feel that the reading of our *Journal* gives them an idea of how wonderfully well we are organised, which fact is unknown to the general public and of the work we are doing in united numbers all over our own country and in foreign lands.

Pennsylvania M. McE.

How did you think of it? I thought the old cover was all right, and wouldn't have thought of suggesting a change, but the new cover and the index page are a great improvement. I am glad the word "nursing" is made so prominent on the cover. I can see that we are going to be more proud than ever of "our *Journal*."

Massachusetts. E. D.

Am enclosing an item for publication. I only hope that other groups of nurses may receive the same inspiration from it that we often receive from their meetings through the *Journal*.

Nebraska M. H.

All of our students subscribe to the magazine. We are having special classes every month, reviewing the *Journal*, and it is one of our most interesting classes.

California G. T. M.

The *Journal* is always greeted like an old friend and the last number, January, I enjoyed so much. Its new dress, clean face, and all the good things inside. I would not like to miss any one department, I enjoy and appreciate all. Newer and later medical nursing, diets, special and general, newer medicines and treatments, laboratory methods, and those things which we "older ones" do not come in contact with, out in the big spaces of our country, or in small towns without even a hospital. Some of us must stay here where the tall corn grows, with short and infrequent visits to our schools, but we must keep up with the times, to help the lads and lassies who are corn-fed grow taller and healthier.

Iowa M. C.

If you could have heard, "Did you see this or that?" the other night, when the *Journal* came, you would realize that it is appreciated, as it truly is, keeping us brushed up on the work going on in the world.

Michigan M. L. H.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

6. Is there such a thing as chronic constipation in infants and, if so, how should it be treated?

Answer.—This question would be answered in the affirmative by most pediatricians without any hesitation; and service in a large dispensary to which come all classes of people makes it quite evident that chronic constipation as a distinct entity does occur in infancy.

The causative factors of constipation as a separate disease may be given briefly:

1. Insufficient intestinal content.

When an insufficient quantity of food enters the intestine the muscular waves have not the proper bolus to push forward. Intestinal stasis results.

2. Disproportion of food elements.

This is the primary and foremost cause of chronic constipation and it is the most common. This disproportion occurs usually in artificially fed babies, the most frequent errors being too little carbohydrate or too high fat content. It may be one or both. Overloading is another cause of constipation.

3. Delayed muscular action.

4. Excretive laxatives and enemas.

The condition of atony of the intestines and the frequent administration of purges are closely allied; as the former often follows the latter. The atony may be congenital.

5. Habit formation.

This is usually secondary to one of the above.

Constipation in infancy may therefore be prevented in the following ways:

1. By giving to the baby foods containing the various ingredients in proportions suitable to his age and condition.

2. By giving water at regular intervals.

3. By the development of regular habits with regard to bowel evacuation.

WILLIAM WESTON, JR., M.D.

Miss Sellew, of The Babies' and Children's Hospital of Cleveland, replies also that there is such a thing as chronic constipation and that it can be corrected by giving a diet of low proteins, high carbohydrates, high fats. The simplest way would be to use concentrated liquid "Synthetic Milk Adapted," one to one-and-a-half cans daily, and the juice of one orange.

7. How long will glucose solution, prepared for intravenous use, keep safely without danger of fermentation?

Answer.—Glucose solution properly autoclaved will not ferment as long as it is kept closed in a pyrex flask—that is, free from contamination. Keeping it cold and away from light is a safeguard against chemical change. Even though this solution may keep indefinitely without fermenting, it is recommended that daily preparation is desirable.

L. K.

8. How long can Soda Bicarb. Solution, made to be combined with glucose solution for intravenous, be boiled without changing chemically?

Answer.—Soda Bicarb. Solution should be boiled only about three minutes, since boiling causes CO_2 to be given off which renders the solution more alkaline, but in three minutes not enough CO_2 is given off to be deleterious to the solution for injection. If the solution has become too alkaline, it may be corrected by bubbling CO_2 gas into it through a sterile tube. If too alkaline, it changes glucose to many decomposition products which are harmful. The two solutions should be prepared separately and not put together until just before administering.

L. K.

9. A Missionary Nurse asks "How can I retain membership in the American Nurses' Association?"

Answer.—The American Nurses' Association recommends that Alumnae and District Associations adopt by-laws that will provide for carrying as "active or resident members" nurses who are in Army, Navy, U. S. Public Health Service, or Veterans Bureau or who are serving as Missionaries. If the nurse has an Alumnae Association, she should belong to it. Naturally it is necessary for the nurse to keep her association informed of her whereabouts and her changes of address.

To my mind the future of all nursing lies in its unity; its unity of purpose, its unity of ideals, its ability to see things as a whole and not in sections.

—MRS. CHESTER C. BOLTON.

Summer Courses

California.—At the University of California, Berkeley; at the University of California, Southern Branch; at Stanford University. (For details, see the *Journal* for March, pages 227-228.

Florida.—The University of Florida. (For details, see the March *Journal*, page 228.)

Illinois.—The University of Chicago will offer to graduate nurses during the summer quarter, 1926, three courses in Nursing Administration and Teaching under the direction of Anna D. Wolf, Superintendent of Nurses, Albert Billings Memorial Hospital, University of Chicago, and two courses in Public Health Nursing under the direction of Helen F. Boyd, formerly in charge of Public Health Nursing, University of Iowa. The course in Nursing Principles and Practice, designed for Instructors and Supervisors of Nursing, will be given by Mary Marvin, Assistant Professor of Biology and Nursing, Simmons College, Boston.

Additional courses in other departments of the University may be elected.

For further information, correspondence with the University should be addressed as follows:

1. Concerning admissions, to the University Examiner.
2. Concerning rooms and housing accommodations, to the University Cashier.
3. For other information, General Correspondence Bureau, University of Chicago.

New York.—The summer session at Teachers College, Columbia University, New York City, is from July 6 to August 13. Eighteen nursing courses are offered, including Administration in Schools of Nursing; State Supervision of Nursing Education; Teaching and Supervision in Psychiatric Nursing; Teaching and Supervision in Communicable Disease Nursing. A number of courses in public health nursing are available and the College has a wealth of courses, other than nursing, which may be drawn upon.

Ohio.—The University of Cincinnati offers a very comprehensive program for the Summer Session, June 21 to July 31. Through its School of Nursing and Health, the first summer program will be offered to graduate nurses.

The subjects with the names of the instructors will be: Dean Pechstein, College of Education; Professor Eubanks, Sociology; Merlin L. Cooper, Instructor, Bacteriology, College of Medicine; Anna Drake, Instructor, Tuberculosis, School of Nursing and Health, and Supervisor, Tuberculosis Sanatorium; Teaching in Schools of Nursing, Ruth Bridge, Instructor, School of Nursing and Health; Physiotherapy, Dr. Albert Frieberg, Professor, Orthopedic Surgery; Heliotherapy, Instructor, Dr. R. Plato Schwartz of the Chas. P. Taft Heliotherapy Ward; Muscle Training and Massage, Mary Clark, Instructor, School of Nursing and Health and Supervisor, Orthopedic Gymnasium, Cincinnati General Hospital. The instructors for Administration, Supervision, and Public Health will be announced later.

Additional courses in other departments of the University may be elected.

For information regarding entrance requirements, etc., write to Dean L. A. Pechstein, Director of Summer Session, University of Cincinnati, Cincinnati, Ohio. For an outline of the Courses in Nursing, address Phoebe M. Kandel, Director, School of Nursing and Health, University of Cincinnati, Office—Cincinnati General Hospital.

Washington: Seattle.—UNIVERSITY OF WASHINGTON—1. The Nurses' Institute is the week of July 12th. Speakers will be Elizabeth A. Greener, Superintendent of Nurses of Mt. Sinai Hospital, New York; Dr. Arthur Wood, Department of Sociology, Michigan; Dean H. M. Woodward from Brigham Young University, Utah; and Elnora Thomson, Marion County Child Health Demonstration, Salem, Oregon.

2. Public Health. Work may be taken in the summer quarter as a part of the regular nine months public health nursing course, including nutrition, public health nursing psychology, sociology, English, and others.

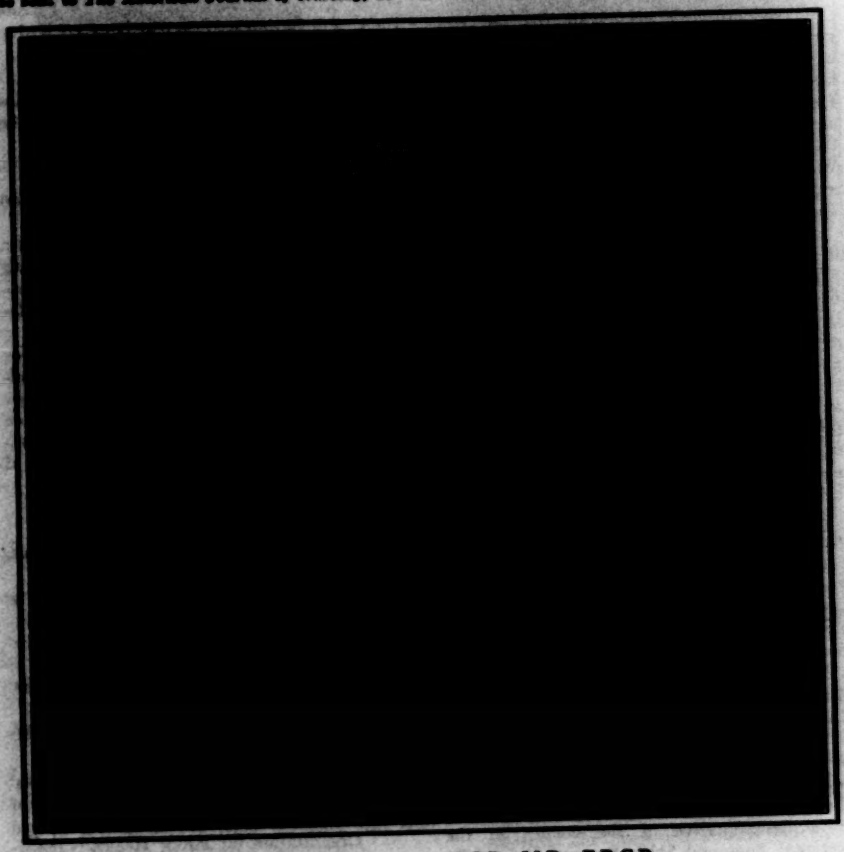
There is no pride so mean, so contemptible, as that which makes a person above her work. There is nothing really mean, or degrading, or unclean, which our duty calls us to do; but if ever pride leads us to leave part of our duty or work undone, or ill-done, then indeed we are degraded.

—FLORENCE NIGHTINGALE.

Preface to "The Organization of Nursing in a Large Town" (Liverpool).

NEWS

[Note.—News items should be typed, if possible, double spaced, or written plainly. Great pains should be taken with proper names. A marriage or death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]



Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P.

Prominent figures on the program of the Biennial Convention of the American Nurses' Association and the American Health Congress are well worth the scrutiny of those who are planning to attend the convention, May 17 to 22, at Atlantic City. Sir Arthur Newsholme, Dr. George E. Vincent, Ray Lyman Wilbur, Dr. C.-E. A. Winslow, Mary Anderson, Adda Eldredge, Carrie M. Hall, Elizabeth G. Fox, Clara D. Noyes, many of these men and women would add distinction to any convention program, and a deep insight into what is being accomplished in health fields in every country in the world will be given in their addresses.

Sir Arthur Newsholme is well known both in the United States and in Europe for his distinctive service and his broad knowledge in public health. Lecturer in public health, member of the General Medical Council and of the Council of Imperial Cancer Research, he has been examiner in preventive medicine at Oxford, examiner in state medicine at London University, a member of the Committee

on Tuberculosis, of the Committee on Dental Registration, a member of the Army Sanitation Committee and, in the United States, he has been lecturer in public health at Johns Hopkins University. He has also written widely on public health subjects.

As the president of Leland Stanford University, one of the most celebrated universities in the country, Dr. Ray Lyman Wilbur is well known for his contributions to education. He was formerly dean of the medical school at Leland Stanford, chief of the Division of the United States Food Administration in Washington during the war, and was also a member of the California State Council for Defence.

Nurses who heard Doctor Vincent at Detroit in 1924 will be anxious to hear this incomparable speaker again, and his message on international work in public health will be an important part of the American Health Congress. He has gained a prominent position as president of the Rockefeller Foundation, and is in touch with public health work in all parts of the world as few other men are. He was formerly dean of the faculties of Arts, Literature and Science at the University of Chicago, and was president of the University of Minnesota.

Dr. C.-E. A. Winslow, president of the American Public Health Association, has made extensive contributions to medical, technical and scientific periodicals. He is A. M. Lauder, professor of public health at Yale University, and was director of the League of Red Cross Societies in Geneva in 1921.

Mary Anderson, director of the Women's Bureau of the United States Department of Labor, has had a remarkable career. Coming to the United States from Sweden at the age of 16, she entered the garment making industry in Chicago, and later started work in a shoe factory where she spent 18 years. Elected as a representative of the women in the National Boot and Shoe Workers' Union, she traveled throughout the United States as an organizer. She served in the Women in Industry Section under the National Defence Advisory Committee the early part of the war, and was then assistant to the chief of the Women's Bureau. In 1919, she was appointed director of the bureau.

The officers of the nursing organization who will appear are well known among nurses the world over. Other speakers announced are: Mrs. Mabel Walker Willebrandt, assistant attorney general, whose subject will be Federal Prisons for Women; Mrs. Bessie Parker Bruggeman, chairman of the United States Employees' Compensation Commission, whose subject will be What The Government Does for Its Sick and Injured; and Janet Geister, of the Committee on Dispensary Development, whose paper, Hearsay and Facts in Private Duty, will be one of the convention features.

Convention Program

The program of the American Nurses' Association convention from day to day will be as follows:

Monday, May 17

2 to 4 p. m.—Business session of the American Nurses' Association.

Roll Call by States, Report of the Secretary, Report of the Treasurer, Report of Standing Committees,—Program, Membership, Nominating, Publication, Relief Fund, Finance, Revision of By-laws.

Report of Special Committees,—Public Information, Federal Legislation, Ethical Standards, International Affairs, Self Analysis, Convalescent Home for Nurses, Greetings from *The American Journal of Nursing*, Communications from the President, Appointment of Tellers, New Business.

Tuesday, May 18

9 a. m. to 1 p. m.—Private Duty Section, Helen F. Greaney presiding.

Address, Chairman of the Section, Miss Greaney; Reading of the minutes of last meeting. Report of Nominating Committee, Appointment of Tellers.

Address, President of the American Nurses' Association, Miss Eldredge.

Paper, Hearsay and Facts in Private Duty, Janet Geister, New York, N. Y.

8 p. m.—Joint session of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing.

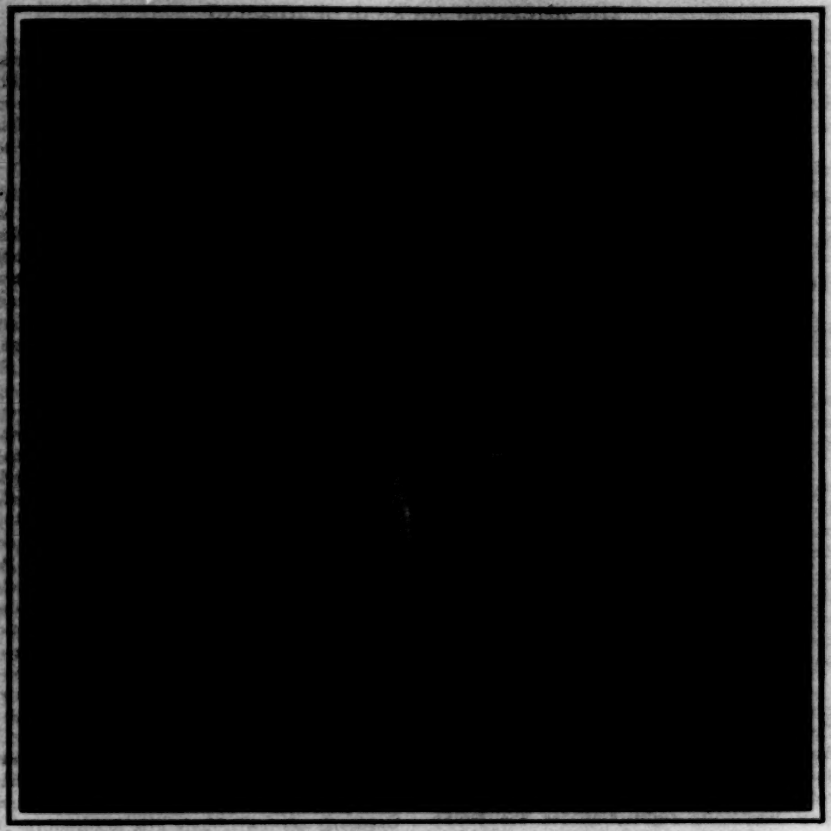
Wednesday, May 19

9 a. m. to 1 p. m.—Legislative Section, A. Louise Dietrich, chairman.

Reading of minutes of last meeting, Address by prominent speaker, Discussion on legislative measures pertaining to schools of nursing, and the administration of laws governing the registration of nurses.

2 to 4 p. m.—Joint meeting of the three Nursing Organizations.

Paper, The Newer Developments in Adult Education. Speaker to be announced later.



DR. GEORGE E. VINCENT

Paper, What This Movement Might Offer for the Nurse. Speaker to be announced later.

4 to 6 p. m.—Conference on state and local Red Cross Nursing Committees.

Conference on Suggestions for Putting over Publicity.

Thursday, May 20

9 a. m. to 1 p. m.—Government Nursing Service Section, Lucy Minnigerode presiding.

Reading of minutes of last meeting.

Address, Federal Prisons for Women, Mrs. Mabel Walker Willebrandt, assistant attorney general.

Address, Women in Industry, Mary Anderson, Director of the Women's Bureau of the U. S. Department of Labor.

Address, What the Government Does for Its Sick and Injured, Mrs. Bessie Walker Bruggeman, Chairman of the U. S. Employees' Compensation Commission.

Address, The Sheppard-Towner Bill in Relation to Nurses, Grace Abbott.

4:30 p. m.—Conference on Official Registries for Nurses.

Friday, May 21

9 a. m. to 1 p. m.—Mental Hygiene Section, May Kennedy, chairman.

Speakers celebrated in mental hygiene field.

Saturday, May 22

2 to 4 p. m.—Business session of the American Nurses' Association.

Official Instructions to Delegates for the Twenty-fifth Convention of the American Nurses' Association, Atlantic City, N. J., May 17 to 22

Headquarters.—The Chalfonte-Haddon Hall will be the headquarters, and registration will be at the Steel Pier. Registration will begin on Monday, May 17.

Delegates who have not made reservations should do so at once.

It is urgently requested that, in making reservations at the hotels, as far as possible nurses plan to take rooms with some one else.

Representation.—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards will be sent to each state secretary for the number of delegates to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

Registration.—The registration of all delegates will be conducted by the Atlantic City Convention Bureau cooperating with the American Health Congress. Delegates and guests must present themselves at the general registration desk at the left as they enter the Steel Pier. The registration fee will be $1. There will be a representative of the American Nurses' Association available at the registration desk to answer questions and to assist in the registration of the delegates of the American Nurses' Association.

At the time of registration delegates will be furnished with a ballot and a badge. Therefore, it is important that every delegate be in possession of her credential card before appearing at the registration desk.

A meeting of the Advisory Council is called for Saturday, May 15, at 2 p. m. State presidents and other members of the council should plan to reach Atlantic City not later than Saturday morning.

Heavy Registration Reported

Heavy registration is reported at the Hotel Headquarters of the three National Nursing Organizations. Chalfonte-Haddon Hall, the headquarters of the American Nurses' Association, reports the number of registrants over 200 and rising rapidly, and the Strand, the headquarters of the League, and the Breakers, of the National Organization for Public Health Nursing, state that many rooms have been taken. Predictions are that the registration capacity of these three hotels will soon be reached.

Some comments are being made on the price of the hotel rooms in Atlantic City, but it is believed that the fact that many of the hotels are on the American plan is not always taken into consideration. The rates in this instance include board as excellent as may be found in any hotels in the country, and in cases where the hotels are on the European plan, the price for rooms is the average rate in all cities of any size.

Many of the Atlantic City hotels are on both the European and the American plan, among them the Breakers, Marlborough Blenheim, Raleigh, Colonial, Beaview, Continental, Devonshire, St. James, Rittenhouse, Monticello, Westminster, Austin Biscayne, Kentucky, Chelsea-Ham-Revere, Bryanton, Arlington and Osborne.

Hotels on the American plan are the Chalfonte-Haddon Hall, St. Charles, Seaside, Strand, Knickerbocker, Brighton, Dennis, Chelsea, Gertzel's Lelande, Galen Hall, Grossman's, Wiltshire, Morton, Clarendon, Holmhurst, New England, Watkins, Bon Air, Flanders, Bryen, Craig Hall, Glaslyn-Chatham, Pennhurst, Plaza and Eastborne.

European plan hotels are the New Belmont, Shelburne, Ambassador, Thurber, Franklin, Governor, Louvan, Fredonia, Lexington, and Gage.

Ticket of Nominations for 1926

The election of officers of the American Nurses' Association will be one of the important features of the convention. Announcement is made of the ticket of nominations for 1926 as follows:

For President

S. Lillian Clayton, Philadelphia, Pa.
Mary C. Wheeler, Detroit, Mich.

For First Vice President

Elnora Thomson, Salem, Oregon.
Agnes Randolph, Richmond, Va.

For Second Vice President

Jane Van De Vrede, Atlanta, Ga.

For Secretary

Susan C. Francis, Philadelphia, Pa.

For Treasurer

Nominations from the floor.

For Directors to Serve 1926-1930

(Three to be elected)

Mary E. Gladwin, St. Paul, Minn.
Adda Eldredge, Madison, Wis.
Clara D. Noyes, Washington, D. C.

Proposed Amendments to the By-Laws

Delegates at the convention will have presented to them the following proposed amendment to the By-laws:

Amend Article V Board of Directors

By inserting a new clause "o" to read—

Represent the membership of the American Nurses' Association as stockholders of the American Journal of Nursing Company, meeting in this capacity at the office of the corporation, in the city of New York on the third Thursday in January of each year, at two o'clock in the afternoon, for the election of directors of the American Journal of Nursing Company and such other business as may properly come before the meeting, or at special meetings which may be called as provided in the by-laws of the American Journal of Nursing Company.

Clause (o) as at present, would become clause (p).

Transportation

A reduction of one and one-half fare on the "Certificate Plan" will apply for members attending the Biennial Nurses' Convention to be held at Atlantic City, May 17 to 22, and also for dependent members of their families, and the arrangement will apply from the territory named by the Passenger Associations.

A special arrangement with the various Railroad Passenger Associations of the United States has been made whereby a one and one-half fare rate from all parts of the United States to Atlantic City has been scheduled for the convention. This arrangement is on the certificate plan. The following instructions and limitations with regard to the certificate plan should be observed.

1. Be sure that when purchasing your going ticket you request a *Certificate*. Do not make the mistake of asking for a receipt.

2. Present yourself at the railroad station for ticket and certificate at least thirty minutes before departure of train on which you will begin your journey.

3. Certificates are not kept at all stations. If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a through ticket and at the same time ask for and obtain a certificate to the place of meeting.

4. Immediately on your arrival at the meeting present your certificate at the Transportation Desk for endorsement by the representative of your respective organization, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

5. Arrangements have been made for validation of certificates by a special agent of the carriers.

6. No refund of fare will be made on account of failure to obtain either a proper certificate or to have the certificate validated.

7. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance of not less than 250 members of the organization at the meeting and dependent members of their families, holding regularly issued certificates obtained from agents at starting points showing payment of regular one-half tariff fare of not less than 67 cents on going journey.

8. Return ticket issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

A copy of this letter of instructions should be given to each delegate for reference.

Passenger Associations Allowing the Special Rate

Trunk Line Associations: From New York State (east of and including Buffalo, Niagara Falls, Suspension Bridge and Salamanca), New Jersey, Pennsylvania (east of and including Erie, Oil City and Pittsburgh), Delaware, Maryland, District of Columbia, Virginia and West Virginia (east of and including Wheeling, Parkersburg, Kenova, Orange and Norfolk).—C. M. Burt, Chairman, 143 Liberty St., New York, N. Y.

New England Passenger Association: From New England.—Mr. F. Van Ummerson, Chairman, South Station, Boston, Mass.

Central Passenger Association: Territory west of Buffalo, Niagara Falls, Salamanca, Pittsburgh, Wheeling, Parkersburg and Kenova—to and including Chicago and St. Louis north of Ohio River, including Cincinnati, Louisville and Cairo.—C. A. Fox, Chairman, Transportation Building, Chicago, Ill.

Southeastern Passenger Association: From territory south of Ohio and Potomac and east

of Mississippi rivers.—W. H. Howard, Chairman, 101 Marietta St., Atlanta, Ga.

Western Passenger Association: From territory west of Chicago, Peoria and St. Louis, and east of Washington, Oregon and Nevada.—E. E. MacLeod, Chairman, Transportation Building, Chicago, Ill.

Southwestern Passenger Association: From territory southwest of St. Louis, including Texas, Oklahoma, Missouri (south of Missouri River), and Louisiana (west of Mississippi River).—J. E. Hannegan, Chairman, 704 Compton Building, St. Louis, Mo.

Trans-continental Passenger Association: From California, Nevada, Oregon and Washington.—E. L. Bevington, Chairman, 428 New Union Station, Chicago, Ill.

When applying for Certificate be sure to ask for rate applying to AMERICAN HEALTH CONGRESS and not to American Nurses' Association Convention.

The sale of reduced rates on the certificate plan for the American Health Congress has been set for May 12 to 18 and from May 13 to 19, according to distance from Atlantic City.

Special Trains to Convention

Special trains will be run from Atlanta, Cincinnati, St. Louis, Washington, D.C., Chicago, and Boston, direct to Atlantic City for the biennial convention of the National Nursing Organizations and the American Health Congress, May 17 to 22. Those who wish reservations may make them through ticket agents at these points or at points in the vicinity. Reservations should be made for the American Health Congress and not for the Biennial Convention. Information on these trains has been sent by the Transportation Committee of the Congress to prominent nurses in each state.

Who's Who on the Ballot

S. Lillian Clayton, one of the candidates for president is superintendent of nurses of the Philadelphia General Hospital. She was formerly educational director of the Illinois Training School for Nurses.

Mary C. Wheeler, another presidential candidate is now general secretary of the Michigan State Nurses' Association. She was formerly superintendent of the Illinois Training School for Nurses, and has been a director of the American Nurses' Association.

Elnora Thomson is director of public health nursing at the University of Oregon and director of nursing of the Marion County Child Health Demonstration at Salem.

Agnes Randolph is president of the Virginia State Nurses' Association and director of Tuberculosis Education in the state.

Jane Van De Vrede is executive secretary of the Georgia State Nurses' Association. She has been director of the Southern Division of the American Red Cross.

Susan C. Francis is superintendent of Children's Hospital, Philadelphia. During the war she was a divisional director for the American Red Cross.

Mary E. Gladwin is educational director of the Minnesota State Board of Registration for Nurses.

Adda Eldredge, retiring president of the American Nurses' Association, is chairman of the Bureau of Nursing Education, Board of Health, Madison, Wis. Her history is as well known as she is.

Clara D. Noyes, one of the most prominent members of the profession, is director of the Nursing Service of the American Red Cross.

International Dues

Dues of five cents per member are required of the American Nurses' Association by the International Council of Nurses. Quoting from the Constitution and By-laws from Article 5 on Dues, the text reads as follows:

"Annual dues from each American member shall be five American cents per capita or the equivalent in the currency of the country represented as of January 1st of each year."

With a membership of approximately 54,400 this means $2,720 from the American Nurses' Association.

Registries

Many letters are coming into Headquarters referring to the article, Official Registries and Professional Progress, which appeared in the February *Journal*. The list of registries in the United States which was printed at the close of the article was not run as a list of *official* registries, but rather as a list of registries which are functioning, and which had been brought to the attention of headquarters. Since it was written, complete data on the following additional registries have been received. The American Nurses' Association will welcome any further information about official registries which may have been omitted from the article.

Arizona.—Nurses' Official Registry (District No. 2), Tucson.

Ohio.—District 8, Cincinnati (159 Mason St.), District 10, Dayton (Miami Valley

Hospital), District 12, Columbus (398 N. Garfield).

Kentucky.—Nurses' Associated Directory, 1835 Grand Avenue, Louisville.

Texas.—The registry in Fort Worth is located at 1421 Seventh Avenue.

A representative committee of the three National Nursing Organizations has under consideration the preparing of an exhibit on nursing for the Sesqui-Centennial which will open in Philadelphia on June 1st. It is thought that the opportunity for educating the public on nursing will be splendid.

Since between 200,000 and 300,000 people will attend the Centennial and since more than 40 countries will be represented, the scope will be wide. Many nurses are planning to attend on their way home from Atlantic City.

Nurses' Relief Fund

REPORT FOR FEBRUARY, 1926

Balance on hand, Jan. 31, 1926	$32,057.17
Interest on bonds	45.00
Interest on bank balances	150.73

Contributions

California: Dist. 5, Los Angeles Co., $109; Dist. 9, San Francisco Co., $16; Dist. 12, Santa Clara Co., $14; Dist. 16, Orange Co., $7; Dist. 23, Riverside Co., ($1 per capita of membership), $40	186.00
Colorado: Colorado Training School for Nurses Alum., Denver	50.00
Indiana: Indianapolis, Deaconess Hosp. Alum. Assn., $4; M. E. Hosp. Alum. Assn., $25	29.00
Kentucky: Jefferson County Graduate Nurses' Club	10.00
Maryland: Hebrew Hosp. Nurses' Alum. Assn., Baltimore	27.00
Michigan: Kalamazoo Dist., $2; one individual, $1; Port Huron Dist., $73; Detroit, Providence Hosp. Alum. Assn., $75; Grace Hosp. Alum. Assn., $91	242.00
Minnesota: State Nurses' Assn., $28; Dist. 3, Eitel Hosp. Alum. Assn., $75; Dist. 4, Mounds Park Hosp. Alum. Assn., $1; Dist. 5, Immanuel Hosp. Alum. Assn., $57	161.00
Missouri: Dist. 1, individual member, St. Joseph, $1; Kansas City, Research Hosp. Nurses' Alum., $43; Children's Mercy Hosp., $8; Grace Hosp. Nurses' Alum., $25; Dist. 3, St. Louis, St. Louis Training School for Nurses, $25; St. Louis Baptist Hosp. Alum. Assn., $25; St. Luke's Hosp. Alum. Assn., $185; Dist. 4, Springfield Hosp. Alum. Assn., Springfield, $15; Dist. 7, individual member, Kirksville, $3; 29 individual members, Columbia, $29	379.00
New Jersey: Dist. 1, Muhlenberg Hosp., $5; Orange Memorial Hosp., $5; Elizabeth General Hosp., $10; St. Mary's Hosp., $5; individual members, $27; Dist. 3, St. Francis Hosp., $6	58.00
New York: Dist. 4, Hosp. of Good Shepherd of Syracuse University, Alum. Assn., $1 per capita of membership, $216; pledged at Albany, $10; Dist. 8, Malone Graduate Nurses' Assn., $5; Dist. 9, sale of program at Albany, $43; Dist. 11, Middletown State Hosp. Alum. Assn., Middletown, $15; Dist. 13, Dist. Assn., $100; Bellevue Hosp. Nurses' Alum. Assn., $100; St. Vincent's Hosp. Nurses' Alum. Assn., $10; Post Graduate Hosp., two individuals, $2; two individuals, $9; Dist. 14, St. Catherine's Hosp. Nurses' Alum. Assn., $25; Nassau Hosp. Nurses' Alum. Assn., $10; Norwegian Lutheran Deaconess Hosp. and Home Alum. Assn., $25; one individual, $10; Kings County Hosp. Alum. Assn., Brooklyn, $25	605.00
Ohio: Providence Hosp. Alum. Assn., Sandusky	10.00
Texas: Graduate Nurses' Association of Texas, $100; Dist. 1, El Paso, $9	109.00
Wisconsin: St. Lukes Hosp. Alum. Assn., Racine, $10; Madison General Hosp. Alum. Assn., Madison, $50; Eighth Dist., $5; Milwaukee Hosp. Alum. Assn., Milwaukee, $25; St. Joseph's Hosp. Alum. Assn., Ashland, $10; proceeds of card party, Manitowoc, $7; ten individuals, $23	130.00
Check returned, beneficiary recovered	15.00
Total receipts	$34,263.90

Disbursements

Paid to 92 applicants	$1,385.00	
Exchange on checks	1.00	
Interest on American Nurses' Assn. Nurses' Relief Fund Savings Account left in that account	13.06	
Total disbursements		1,399.06
Balance on hand, Feb. 27, 1926		$32,864.84
Invested funds		83,531.14
Balance in American Nurses' Assn. Nurses' Relief Fund Savings Account		5,140.23
		$121,536.21

A Correction.—Through an error, $9031 was reported as having been received from the Pennsylvania State Nurses' Association for the Nurses' Relief Fund in 1925 in the article, "Did You Know?" which appeared in the March *Journal*. The amount should have read $4,931.

Of the total amount, $9,031, $4,100 was subscribed by the state in 1924, but did not reach Headquarters in time to be included in the 1924 receipts.

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO MARCH 8, 1926

Previously acknowledged		$30,464.44
Kentucky: Nurses' Central Directory, Jefferson County Graduate Nurses' Club		10.00
Oklahoma: State Nurses' Assn.		10.00
		$30,484.44

The McIsaac Loan Fund

REPORT TO MARCH 8, 1926

Balance, February 9		$510.79
Massachusetts: Worcester Memorial Hosp. Nurses' Alum. Assn.		10.00
Oklahoma: State Nurses' Assn.		10.00
Total		$530.79

Disbursements

Two loans of $200 each	400.00
Balance, March 8	$130.79

MARY M. RIDDLE,
Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

National League of Nursing Education

The program of the 1926 Convention promises to be one of uncommon and stimulating interest. Not only is this the year when the three National Nursing organizations meet together, but thirteen other health organizations will contribute with special sessions and to the general program. All told, sixteen organizations will be represented and participate in the American Health Congress.

Four general meetings of the American Health Congress will be held, (see American Nurses' Association). There will be two joint sessions of the three nursing organizations, the first on Tuesday evening, May 18. At this session that looked-forward-to phase of the program, the addresses of the three presidents, Adda Eldredge, Carrie M. Hall and Elizabeth Fox, will be delivered. Newer Developments in Adult Education, a topic at present inviting much attention, followed by a paper on What This Movement Might Offer to the Nurse will be the subject of the second joint session on Wednesday afternoon.

The first business session of the League takes place on Monday, May 17, and on Tuesday the open meeting of the Advisory Council. The Instructors' Section has well under way, for Thursday, May 20, a program on the significant topic, Supervision and Teaching of Clinical Nursing. On Friday morning, a session will be conducted by the Education Committee and the subject presented will be one of far reaching and fundamental importance. Dr. W. W. Charters of the University of Chicago will speak on Principles of Curriculum Construction and Adjustment, and other

papers will discuss the Adaptation of the Curriculum to Schools of Nursing Connected with State and Special Hospitals. At the general session on Friday afternoon, Dr. Robert Leonard, of Teachers College, Columbia University, will address the meeting on Recent Developments in Professional Education, to be followed by a paper and discussion on Progress and Problems in Centralizing Nursing Education. The closing business session will be held Saturday morning.

A good old friend, as far as the term is concerned, but we hope no further, disappears from this Convention program, and those (once) informal meetings, called Round Tables, are to be rechristened as "Conferences." Five Conferences are included in the League program, two concerned with the study of two important Committees (the Committee to Study the Need of a Study of the Question of Midwifery by Nurses in Postgraduate Courses and the Subcommittee of the Education Committee on the Study of the Nurse and Nursing Services in the Out-Patient Department), another on Health as a Part of the Nursing School Program, one on New Methods of Questioning and one on Student Government in Schools of Nursing.

In shaping the program, the Committee has had one purpose in mind, to develop a program not overcrowded, and to select from the suggestions received topics of fundamental, immediate and widespread interest.

Hotel Strand has been selected as Headquarters of the League. Members are urged to make their reservations, whether at the Strand or elsewhere, at an early date.

For information on Transportation, see American Nurses' Association, also for hotel accommodations.

Reorganization of State Leagues of Nursing Education

Because of probable changes in the membership clause of the National League of Nursing Education and State Leagues of Nursing Education at the Convention at Atlantic City, May 17-May 22, 1926, State Leagues are advised not to print their constitution and by-laws until after that time. Further, all suggested corrections of the Committee on Revision of the National League of Nursing Education should be incorporated, and the corrected form finally approved by the Chairman of that Committee before the constitution and by-laws are printed. In states where there are local Leagues, the Committee on Revision of the National League of Nursing Education recommends that the reorganization of these Local Leagues be deferred until after the May Convention and the State League in which there are Local Leagues has entirely completed its reorganization.

MARY C. WHEELER,
Chairman, Committee on Revision, National League of Nursing Education.

Army Nurse Corps

During the month of February, 1926, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieuts. Mary E. Northrop, Violet M. Headland, Olive C. Blazey; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Anna D. Wight, Julia McKenna; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieut. Joan B. Ray; to U. S. Diciplinary Barracks, Fort Leavenworth, Kans., 1st Lieut. Callie D. Woodley; to Letterman General Hospital, San Francisco, California, 1st Lieut. Edna M. Beyrer, 2nd Lieuts. Mildred P. Carter, Alice M. Gallagher, Mary K. Sackville, Nell Suggs, Caroline Hutcheck, Nellie V. Close, Flora Robarge; to station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Winifred I. Langan, Louise Fennelle, Elizabeth Barker, Arey E. Wells; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Agnes F. James; to station hospital, West Point, New York, 2nd Lieut. Margaret Gattes; to Philippine Department, 1st Lieuts. Elida Raffensperger, Lillian J. Ryan, 2nd Lieuts. Isabel Kellman, Dora A. Noble, Bridget A. Mullaney, Anna J. Crowley, Anna M. Wahb, Elizabeth J. Crowley, Bessie M. Jackson.

Eight nurses have been admitted to the corps as 2nd Lieuts. and assigned to stations.

The following named are under orders for separation from the service: Anne Coghlan, Eunice E. Johns, Charlotte Irene Koob, Elizabeth Michener, Aniceta A. Sullivan, Doris E. Thompson, Anne Tobin, Freda Weersing, Bertha Van Meter.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

Navy Nurse Corps

During the month of February, the following named nurses were appointed and assigned to duty at the Naval Hospital at the station indicated: To Great Lakes, Illinois, Ruby M. Hill; to League Island, Pa., Elizabeth M. Esser, Marion J. Haley; to Puget Sound,

Washington, Anna J. Johnson, Reserve Nurse; to San Diego, California, Mary E. Skilling.

The following named nurses were transferred: To Canacao, P. I., Florence M. Gibson; to Great Lakes, Illinois, Edith N. Lindquist, Chief Nurse; to Norfolk, Virginia, Kathryn V. Sheehan and Helen M. Wamsley, Reserve Nurses, and Kathleen O'Brien, Chief Nurse; to Port Au Prince, Haiti, Margaret C. Donovan and Rose E. Fitzgerald, Reserve Nurses; to U. S. S. Henderson, Mabel L. Powell, Chief Nurse.

Mary P. Young, Nurse, U. S. N., has been ordered to the Graduate School of Medicine, Philadelphia, Pa., for a four months' course of instruction in Anesthesia.

Promotions: Kathleen O'Brien, to Chief Nurse, U. S. N.; Elizabeth L. Tope, to Chief Nurse, U. S. N.

Honorable Discharge: Flora A. Gee.

Resignation: Lylas M. Grady.

Recently, the Bureau of Medicine and Surgery, Navy Department, sent letters to the State Nurses' Associations urging them to take an active interest in the Service and help to supply the demand for nurses at the large Naval Hospitals. Each Association was asked to interest one or two nurses so that no one locality would be depleted. The present shortage is due to the great number of resignations which have taken place and, in the majority of cases, the nurses have left the Service to be married.

It has been delightful as well as encouraging to receive responses from the State Associations and this opportunity is taken to thank those who have so enthusiastically written and others who, though we have not heard from them, yet we feel are recognizing, by their loyal support, the need of the Service.

B. W. Mayer,
for J. Beatrice Bowman,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service Nurse Corps

Report for February, 1926

Transfers: To Pittsburgh, Pa., Gertrude Goemans; to Chicago, Ill., Maggie Cooper; to Key West, Fla., Josie Hanson, Seba Ates, Lola Neal; to Pt. Townsend, Wash., Bertha Tostlebe, Ruby Davis; to New Orleans, La., Nell Locke.

Reinstatements: Tine Myrtle Hill, Emma Kincannon, Anna G. Neylon, Mary F. Mayo.

New Assignments: Ten.

Lucy Minnigerode,
Superintendent of Nurses, U.S.P.H.S.

United States Veterans' Bureau

Report of the Nursing Service for the Month of February

Assignments: Forty-six.

Transfers: To Great Lakes, Chicago, Ill., Sara Lee, Louise S. Ludwig; to Boise, Idaho, Alida Johnson; to Bronx, N. Y., Margaret M. Leary, Emma J. Hall, Winifred Bush; to R. O., Newark, N. J., Alice R. Cleaby; to R. O., New York, N. Y., Julia A. Burke; to San Fernando, Calif., Susie L. Geer, Carrie Jowett, Minnie L. Babcock, Nellie K. Gifford; to Jefferson Barracks, Mo., Maggie J. Sweet, Louise D. Young, Nellie Rothwell; to Ft. Harrison, Mont., Ruth Hemphill, Edna White; to Camp Custer, Mich., Mary K. Dawson; to Ft. Thomas, Ky., Susie O'Neill; to Legion, Tex., Mrs. Lula Montgomery; to Sun Mount, N. Y., Edith Prince; to Lake City, Fla., Anna C. Christianson; to Otem, N. C., Carrie Kolarik; to Excelsior Springs, Mo., Margaret Qualley; to Perry Point, Md., Katherine Wesley.

During the month of March, Mrs. Hickey, for the purpose of supervising the nursing activities in the field, visited the following stations: Chicago, Ill., Edward Hines, Jr. Hospital, Maywood, Ill., the Bureau Hospitals at Great Lakes, Ill., St. Paul, Minn., Minneapolis, Minn., St. Cloud, Minn., Waukesha, Wis., and Aspinwall, Pa., and the Regional Offices at Milwaukee, Wis., Minneapolis, Minn., and Pittsburgh, Pa.

Mary A. Hickey,
Superintendent of Nurses.

Teachers College Alumni

Alumni Day at Teachers College, February 19, was ushered in on the evening of the eighteenth by a brilliant address which was at once both witty and philosophic, by George E. Vincent, President of the Rockefeller Foundation, on "The Nurse and the Public." This was the first lecture given on the Annie W. Goodrich Foundation and as Miss Goodrich was present both Dean Russell who introduced him, and Mr. Vincent, spoke with restrained but stirring enthusiasm for the woman who "has fully qualified as pioneer in anything that she has ever done." Mr. Vincent, whose knowledge of health work and therefore of nursing is world-wide, described the nursing in many lands in a series of delightful vignettes, which he concluded by saying that "one is impressed with the fact that

nursing is recognized as a social institution everywhere, but of course that does not mean that it is becoming professionally settled."

From this point he discussed the nurse from the standpoint of the public, bringing out "the public's" fear of organized "interests." The needs of the public for varying types of nursing service were presented with sympathy and understanding of both sides of the case and with unusual insight into the unconscious idealism that exists in the mind of the "man in the street" about nursing and the egocentric attitude of all sick folk. Mr. Vincent is of the opinion that, although many types of service are needed, nursing "conceived of as a high profession and not as an ancillary form of sublimated service" must continue, and the profession must recognize the responsibility for providing opportunity for the preparation and development of that leadership without which no movement can long survive. Said Mr. Vincent, "It is to the glory of this institution (Teachers College) that it was the first to establish a department on a university basis and to maintain high standards to help influence the nursing thought of the world." Predicting the changes necessary to growth in teaching method and close correlation of theory and practice, the address closed with a notable word picture of nursing at its best, a profession realizing all the elements of a profession in an economic society, this calling for technical knowledge which challenges the best intelligence, and a very real sense of comradeship—the unity of a great tradition which shall function so serviceably in society that it will "make the society of the future just a little better than society is today."

Carrie M. Hall, President of the National League of Nursing Education, presided over the morning session which was devoted to a discussion of The Five-year Course. Prof. Robert Leonard, Director of the School of Education, discussed the tendency to "upgrading" in all occupations and in the development of all professional schools. This tendency has brought us to thinking of development on certain "levels." Although this thought is offensive to those who think of certain levels as indicating superiority, it would not be so if emphasis is placed on quality or social worth, rather than on the relative positions of the different levels. This led to a discussion of the present development of nursing schools, the majority of which are admittedly still on the lower levels of educational development.

Carolyn E. Gray discussed specifically the five-year or, as she prefers to call it, "the combined course," bringing out sharply the fact that the present five-year course, considered by the prospective student in academic terms, is really almost a six-year course. Miss Gray would have nurse educators think and experiment in the direction of a four-year course leading to a diploma and a degree in nursing. Amy Grant plead for the inclusion of public health nursing in the basic education of the nurse.

Florence M. Johnson presided at the luncheon at which eighty-five alumnae from near and far were seated. Greetings were cabled to Miss Nutting.

The afternoon was devoted to Psychology, in honor of Prof. Edward L. Thorndike's twenty-five years of brilliant and assiduous service, Doctor Judd of the University of Chicago and Doctor Thorndike being the principal speakers.

Registration in the Department was stated by Miss Stewart to be exceedingly interesting, a total of 405 for the year. She reported 161 enrolled for public health, 71 for teaching in schools of nursing, 57 for supervision in schools of nursing, and 43 for administration of schools of nursing. Of the total, 52 per cent are working on a part-time basis.

The Nursing Education Department of Teacher's College, Columbia University, has recently published a special bulletin entitled, "Twenty-five Years of Nursing Education in Tachers College." The main events in the department's history are outlined and special attention is given to developments of the last few years in the different divisions of work. Some interesting graphs are presented and a number of short articles on Alumnae activities and interests of the department.

Copies of this bulletin are being sent to all former nursing students who have spent one year in the College whose addresses are on file. Others who may wish to secure copies should send their requests early to the department office.

"The I. C. N."

The first number of *"The I. C. N."* arrives just as we are going to press, but the appearance of so important a publication must not pass unnoticed. It is an attractive, well illustrated, well printed magazine and is packed full of interesting material. The editorial keynote is sounded by Nina D. Gage, President of the International Council of Nurses and by Mrs. Bedford Fenwick, its

distinguished founder. Articles include some extremely interesting "Sidelights on Professional Ethics," "A Health Camp for School Children in New Zealand," "Russian Nurses and Nursing," "Changing Emphasis in Public Health Nursing" (by Mary S. Gardner), "Methods of Teaching Practical Nursing" in the famous Children's Clinic of Vienna, and news from fifteen countries.

The Catholic Guild of Nurses

The International Catholic Guild of Nurses will hold its third annual meeting in conjunction with the eleventh annual convention of the Catholic Hospital Association, at Loyola University, Rogers Park, Chicago, Ill., June 14-17. Those who attend the meeting of the Catholic Hospital Association will be able to make reservations to stay over for the Eucharistic Congress, June 20-24.

The key note of the Convention will be Religion and Science and the same theme will run through the program of the International Catholic Guild of Nurses. Special stress will be laid, however, on the educational programs of the Guild and nurses from all parts of the world will be invited to attend the conference which will have a truly international atmosphere.

The local branch of the International Catholic Guild of Nurses has as President, May Kennedy, School of Psychiatric Nursing, and Secretary, Mary C. Looby, St. Bernard's Hospital.

Those members of the International Catholic Guild of Nurses who wish to make reservations to attend the conference, and the Congress should write as soon as possible to the Secretary of the International Catholic Guild of Nurses, 124 Thirteenth Street, Milwaukee, Wis.

Medals for Distinguished Social Service to the City of New York have been awarded to Homer Folks, Rev. Robert F. Keegan and Lillian D. Wald, an expression of public appreciation of the contribution of professional social workers to social progress. The medals have been instituted by *Better Times*, the welfare magazine, and were presented before a gathering of 1,600 people at the annual dinner of that publication on February 24. Felix M. Warburg, representing the Committee of Award, presented the medals, and also presented George J. Hecht, editor of *Better Times* with a silver loving cup as a tribute from the Committee and a token of public appreciation of his efforts in promoting the organization of the Welfare Council of the City of New York.

State News

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination in Montgomery, May 26-27; in Mobile, May 26-27; in Birmingham, May 28-29. Application blanks may be secured from Liana H. Denny, Secretary-treasurer, 1808 7th Ave. N., Birmingham, Ala. All applications, with credentials, must be filed with the Secretary two weeks before the date set for the examination. Kodak pictures will not be accepted.

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION will hold its annual meeting in Yuma, April 5 and 6. The ARIZONA STATE BOARD OF NURSE EXAMINERS will hold examinations at St. Mary's Hospital, Tucson, Thursday and Friday, April 22 and 23, at 9 a. m. Catherine Beagin, Secretary, Prescott.

California: A joint meeting of the BOARDS OF DIRECTORS OF THE NURSING ORGANIZATIONS OF CALIFORNIA was held in San Francisco, January 30. At this meeting there was discussion on the placement of the Professorship in Nursing Education, created by funds from the Bureau of Registration of Nurses to the Regents of the University of California, in accordance with the Statutes of 1925. A resolution was unanimously adopted recommending that a department be established at the University of California at Berkeley, to be known as the Department of Nursing Education. It was recommended that a joint committee, consisting of two members from each of the three state associations, be appointed to study the organization and function of State Headquarters and upon completion of the study to make recommendations for further action. THE NORTHERN BRANCH OF THE CALIFORNIA LEAGUE OF NURSING EDUCATION held an Institute in San Francisco, January 6-8, about seventy-five nurses attending from various parts of Northern California. Charles E. Rugh, Professor of Education at the University of California, gave an hour each day on The WAY of Teaching, The WHAT to Teach, and The How of Teaching. At the banquet, the first night, Looking Forward in Nursing Education was discussed from various viewpoints, Vice President Hart of the University of California, speaking from that of the University; Dr. Charles Lockwood from

that of the physician, Mrs. Parker Maddox, that of the public, and Anna C. Jamme from that of the nurse. The mornings were given over to demonstrations at the various hospitals, Mount Zion Hospital showing The Use of Moving Pictures in Teaching Nursing. One evening was given to the Red Cross Nursing Service, and one to Nursing Education—The Students' Viewpoint, a number of students of nursing giving interesting discussions. The Northern Branch League held a meeting, February 19, at Fabiola Hospital, Oakland. Motions were carried to endorse the Sheppard-Towner Act, and also the Bill recently introduced in Congress providing for retirement for the members of the Army and Navy Nurse Corps. A spirited discussion was held on the subject of Applications for Positions; it seemed to be the concensus of opinion that some instruction in letter writing should be given students, and also what information should be included in an application for a position. Another question discussed was whether a nurse is justified in refusing to care for a contagious disease case, if she has had but little training for that class of work; the majority evidently felt that in case of emergency, rather than let the patient do without nursing, she might well depend on her presumably sound training in asepsis, her lectures on Communicable Diseases, plus her good sense and take the case. A program of music was provided by a group of student nurses. The Southern Branch of the California League of Nursing Education has had a particularly active year under the leadership of Mary D. Bruce, Superintendent of Nurses at the Children's Hospital, Los Angeles. The meetings have been held at the Los Angeles Nurses' Club House. The Chairman of the Program Committee, Mrs. Ethel McCrossin Orr, has worked with vigor and success in presenting the monthly programs which have been well balanced. In Club Ideals, Mrs. Berenice Ann Johnson reviewed the History of Women's Clubs and economic conditions which helped to develop them. At another meeting, Helen Mathewson Laughlin, Dean of Women, at the Southern Branch of the University of California, talked on "Teaching Ethics to the Modern Girl." In January, the Senior nurses of all the nursing schools of the city were guests. This meeting was designed to interest students in Mental Hygiene and Psychiatric Nursing. Lectures were given by the leading alienists of Southern California and the thought was brought out that the nurses are teachers of Mental Hygiene and should help the mentally unfit, especially in regard to Eugenics. The February meeting was a joint one with District No. 5. Dr. Alfred E. Gallant talked on Orthopedic Hygiene. Two banquets have been held, the first in honor of Miss D. Dean Urch, President of the State League, who spoke on Higher Education for Nurses, and the second with Anna C. Jamme, Director, as honor guest. Due to the efforts of Miss Urch, vocational conferences for student nurses have been established, and the student nurses of Southern California have been able to view the splendid lantern slides on History of Nursing. A course of 15 lectures on Public Health was given at the Nurses' Club by Lilliam Simpson. On February 15, 250 Senior students listened to a lecture on Cancer given by Dr. Wm. F. Wilde.

Colorado: The Colorado State Nurses' Association held its annual meeting at Trinidad, February 11-13, with an attendance of over seventy. Mrs. Ebbeth Vaughan of St. Louis was present and was much enjoyed. The public health nurses voted to make the Graduate Nurses' Club and Central Registry of Denver their central headquarters until a public health nurse can be appointed by the state as supervisor. Officers elected are: President, Ella L. Maguiness, Denver; vice presidents, Louie Croft Boyd, and Lena Pecover, Denver; secretary, Ruth Grey, Colorado Springs; treasurer, Frieda Off, Denver; directors, May M. Carpenter, Denver; Eleanor Lafferty, Pueblo.

District of Columbia: The Nurses' Examining Board of the District of Columbia will hold an examination for the registration of nurses on May 4 and 5, 1926, at Washington, D. C. Application papers must be filed with the Secretary before April 19, and may be had of Alice M. Prentiss, Secretary-treasurer, 1337 K. St., N. W., Washington, D. C. A most interesting address regarding certain important facts concerning encephalitis lethargica was presented by Alice Evans, Bacteriologist of the Hygienic Laboratory of the U. S. Public Health Service, at the regular meeting of the D. C. League of Nursing Education in February.

Georgia: The Georgia State Association of Graduate Nurses will establish headquarters at Craig Hall in Atlantic City for the Biennial Convention, May 17-22. Reservations should be made early and direct with the Hotel management. A Southern banquet is being arranged. There is talk of a Southern Section of the A.N.A. being organized.

Communicate with Georgia Headquarters, 41 Forrest Ave., Atlanta. THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations for registration of applicants April 27 and 28, in Atlanta, and other towns from which at least ten applications are received. Apply to Nursing Headquarters, 41 Forrest Ave., Atlanta.

Idaho: THE IDAHO STATE NURSES' ASSOCIATION will hold its annual meeting on May 4.

Illinois: Chicago.—THE FIRST DISTRICT held its annual meeting February 9, with Flora Warren Seymour as speaker on The Best New Books of the Year.

Iowa: THE IOWA STATE BOARD OF NURSE EXAMINERS announces the next nurses' examination and Board meeting at the Capitol Building, Des Moines, April 29-30, commencing at 9 a. m. Applications properly executed, together with diploma and fee of ten dollars must be filed with the State Department of Health at least fifteen days prior to date of examination. Applications for Reciprocity, together with State Certificate, Diploma, and fee of twenty dollars must be filed with the Department at least fifteen days prior to date of Board Meeting. **Des Moines.**—The annual meeting of the SEVENTH DISTRICT ASSOCIATION was held January 28, at Younkers beautiful new tea rooms. A most inspiring and instructive address was made by Rev. Chas. S. Medbury, the conclusion of which was an outline for a course in cultural reading. Susan Conway, recently returned from China, told interesting details of nursing service on the other side of the world. Dora Bunch presided over the entertainment section of the program, and Esther Jackson over the general and business meeting, at which Helen Moninger was elected President of the Association; Mabel Blair, vice president; Alice Galvin, secretary; and Mary Pagel, treasurer. Calendars were sold and subscriptions to *The American Journal of Nursing* were taken at the close of the meeting. **Iowa City.**—Mae J. MacArthur, formerly Superintendent of Nurses at St. Mark's Hospital, New York City, has accepted the position of Director of the School of Nursing of the University of Iowa. **Perry.**—The Annual Health Convention of the Iowa Tuberculosis, Iowa Sanatorium Association, Iowa Heart Association, and Iowa Trudeau Association held their joint meeting, February 18 and 19. Des Moines was chosen as the meeting place for the 1927 Convention. Interesting papers were given at the various sessions, which brought out spirited discussions. One of the most instructive sessions was on Friday morning when the following subjects were discussed: Hearts Are Trumps, Dr. Merrill M. Myers; Spades Are Trumps, John H. Peck; Periodic Chest Clinics, Ben C. Hamilton; The Need of Both Public Health Nurse and Social Worker in a County, Katherine Farmer.

Maine: The first session of the annual meeting of the MAINE STATE NURSES' ASSOCIATION was held January 8, at the Bangor House, Bangor. Reports of state committees and three districts composing the association were given. In the afternoon an interesting paper was presented by Dr. Carl Hedin of the Bangor State Hospital on Mental Hygiene. He stated the importance of training the child in early youth to habits of self control, also stressed the fact of providing a happy environment early if we are to prevent a sick mentality later on in life. The work of the "Federation" was ably presented by Anna Cate Witherlee, President, Maine Federation of Women's Clubs. Tea was served directly after this session. In the evening a delightful banquet was served with Edith L. Soule, State President, as toastmistress, after which Dr. William H. Robey of Harvard Medical School talked on "Points of Interest to Nurses Concerning the Care of Cardiac Cases." An interesting paper on The Graduate Nurse and the Hospital was given by Dr. George H. Stone, Supt. of Eastern Maine General Hospital, Bangor. The Saturday morning session was given over to programs provided by Private Duty, Nursing League, and Public Health Nursing Sections. Mrs. Anne How, Supervisor of Nursing Education at Eastern Maine General Hospital, gave a paper on Present-day Nursing Education. Evelyn Buchan, Assistant Professor of Sociology at the University of Maine, explained how the study of the Social Sciences helped the public health nurse to understand the people of her community. She spoke of the influence of climate, groupings and environment, and expressed her willingness to coöperate by helping public health nurses working with large groups to make a social analysis of their fields. Mrs. Marion T. Brockway of New York City was the last speaker. She laid importance on the fact that personality of the nurse determined largely whether she would succeed or fail in doing Industrial Nursing. Mrs. Brockway is a charming speaker and has had a wealth of experience to draw from as she is House Mother to thousands of employes for the Metropolitan Life Insurance Company.

Maryland: The Maryland State League of Nursing Education contributed two Round Tables to the program of the joint meeting of the three state Associations. Dorothy Filler presided at that on Some Problems of Administration in Schools of Nursing. Topics discussed were: The Arrangement of the Vacation Schedule; The Distribution of Linen; The Management and Instruction of Orderlies; the Serving of Meals; Informing the Office of Changes in Special Duty Nurses; and Opportunities for Discussing Problems of Mutual Interest to Hospital Superintendent and Superintendent of School. Some of the points brought out were the value of the central linen room; the importance of having a head orderly and of making him responsible for all other orderlies; the desirability of having special nurses report at both school and business office; and of setting aside defininte time and place for conferences between the Superintendent of hospital and Superintendent of school. Hester Frederick presided at the second Round Table which was on the general subject of Teaching in Schools of Nursing. Topics discussed were The Plan of Instruction of Preparatory Students, Supervision of Bedside Nursing, Teaching of Dietetics, with emphasis on correlation of practical nursing and dietetics; The Importance of Mental Nursing in a General Course, and Teaching Dietetics. The annual meeting of the State Organization for Public Health Nursing was held in conjunction with those of the State Association, January 26-28. The most interesting points of public health work in the State were brought out by speakers from each department,—Evelyn Walker, J. Newman, Edwin Cabin. The members were fortunate in having with them, Grace Bryan, Directress of the Department of Nursing, University of California, Berkeley, who gave an interesting account of her work.

Massachusetts: The Board of Registration of Nurses will hold an examination for applicants for registration, Tuesday and Wednesday, April 13 and 14, 1926, at time and place designated on admission cards. The State League of Nursing Education conducted an Institute in Boston, March 10-13, with the following program: March 10, New England Women's Club, especially planned for Supervisors and Head Nurses—What Are the Essentials of a Good Teaching Exercise? Antoinette Roof, Simmons College; Some Methods of Correlating Class Room and Ward Teaching, Martha Ruth Smith, Massachusetts General Hospital; Consideration of the Experiment in Ward Teaching and Supervision Conducted by the Massachusetts League of Nursing Education, Lucy Beal, Peter Bent Brigham Hospital; Round Table for Supervisors, Mina McKay, Massachusetts General Hospital; Round Table for Head Nurses, Nadine Walker, Peter Bent Brigham Hospital. March 11, Boston City Hospital, especially planned for Teachers of Principles and Practice of Nursing—Steps in an Effective Learning Process, Dr. Guy Wilson, Boston University; Specialized Technic in Practical Nursing: 1. Nursing Procedures in the Unit System of Communicable Diseases, Alice Callahan, Boston City Hospital; 2. Demonstration of Eye and Ear Nursing Procedures, Abby H. Dennison, Massachusetts Eye and Ear Infirmary; 3. Technic in Nursing the More Common Skin Diseases, Margaret Reilly, Massachusetts General Hospital; 4. Orthopedic Nursing Procedures, Laura Tabor, Children's Hospital. Afternoon session, Permanent Records in Nursing Schools, Ellen C. Daly, Boston City Hospital; Some Possibilities of Teaching Mental Nursing in a General Hospital, Blanche Blackman, Springfield Hospital; Discussion of Problems in State Board Examinations, Josephine Thurlow, Cambridge Hospital. March 12, New England Woman's Club, especially planned for Science Teachers. Technic of Motivation, Dr. Guy Wilson, Boston University; Discussion of Text and Reference Books for Teaching Sciences, Miss Redfern; Anatomy and Physiology, Miss Parsons, Boston City Hospital; Bacteriology, Miss Gelinas, Homeopathic Hospital; Sanitation, Miss Sleeper, Peter Bent Brigham Hospital; Exhibit of equipment for science teaching. Afternoon session, Methods of Teaching Psychology to Nurses, Maude B. Muse, Teachers College, New York; Present Trend in Public Health, Dr. Murray Horwood, Institute of Technology. March 13, New England Women's Club, Teaching Psychology, continued: Methods of Incorporating the Public Health Idea into the Curriculum of the Nursing School, Amelia Grant, Assistant Director of Bellevue-Yorkville Health Demonstration, New York City. **Fall River.**—At the January meeting, the Alumnae Association answered the Union Hospital appeal for funds with a donation of two hundred and fifty dollars. **Holyoke.**—The annual meeting of the Holyoke City Hospital Alumnae Association was held January 8 and the following officers elected: Dora M. Percy, president; Mrs. James Gately, vice president and councilor; Eva C. Buckley,

second vice president; Charlotte McCorkindale, secretary; Eloise M. Davis, assistant secretary; and Irene L. Zwisler, treasurer. The Association dance was held at Hotel Nonotuck, February 12, and proved to be a huge success. The proceeds of the dance will go as follows, one-half to the new Alumnae Scholarship Fund and the other one-half to the Holyoke City Hospital, to be used at the discretion of the Superintendent and the Superintendent of the training school. **Westfield.**—The Noble Hospital Alumnae elected the following officers for the year 1926: President, K. Lillian Eagen; vice presidents, Elizabeth C. Miles, Esther E. McCormick; secretary, Hazel E. Cowles; treasurer, Helen W. Hazen. The association gave a banquet to the graduating class at the Parks Square Rose Room.

Michigan: A joint meeting of the State League of Nursing Education and the State Nurses' Association will be held in Grand Rapids, April 27-29, with headquarters at Hotel Pantlind. The General Secretary of the State Association, Mary C. Wheeler, has just finished visiting every district. Letters are coming in from all quarters telling of the assistance she has been to nursing organizations and to schools. Miss Wheeler, with the assistance of the Publicity Committee, is stimulating interest among the nurses of the state so that Michigan may have a very large representation in Atlantic City, in May. **Ann Arbor.**—The regular meeting of the Ann Arbor District was held at the University Hospital, February 11. Dr. Frederick Coller of the University Hospital gave a very interesting talk with lantern slides on the History and Development of Surgery. Alberta Chase gave a very interesting account of her trip abroad and of the work that was being done for the crippled children throughout England. Mary C. Wheeler, Secretary of the State Association, also spoke. Lucy Church of Harkley Hospital has accepted a position as Superintendent of Bewryn Hospital, Bewryn, Ill. Viola Anderson is surgical supervisor of Harkley Hospital. Esther Randolph is a supervisor at Harkley Hospital. The Harkley Alumnae Association recently elected the following officers: President, Rae Wooley; vice presidents, Bessie Brough and Viola Anderson; secretary, Ellen Anderson; treasurer, Eleanor Spellman. A meeting of the Mercy Hospital Alumnae Association was held January 13, 1926. The following officers were elected: President, H. Herrick; vice president, K. Fitzpatrick; secretary, A. Cote; treasurer, M. Schuitemia. **Detroit.**—The Local League of Nursing Education met at Grace Hospital, March 24. The program was A Survey of Practical Nurses of the State. Louise Feist of the Children's Hospital was in charge of the meeting. The regular meeting of the Detroit District Association was held at Highland Park General Hospital Nurses' Home, March 5. The regular business meeting was followed by a lecture, Travels through South America, by Rev. R. M. Crissman. The St. Marys' Hospital Alumnae Association held a dinner at Webster Hall, March 5, at which twenty-three were present. The General Secretary of the State Association, Mary C. Wheeler, was the speaker. **Lansing.**—The regular meeting of the Seventh District was held at the home of Mrs. Ziegler, March 1. After the business was taken care of, Miss Tenny discussed many interesting articles appearing in the January and February *American Journal of Nursing*. After this Eleanor E. Hamilton gave a very interesting travelogue of her recent trip abroad. Following this the hospitality committee served a delightful lunch.

Missouri: The Missouri State Board of Nurse Examiners will hold examinations for nurses April 21 and 22, 1926, simultaneously in St. Louis and in Kansas City. Write to Jannett G. Flanagan, Secretary of the Board, or apply to your School of Nursing for application. **St. Louis.**—St. John's Hospital announces the opening of a new wing which is almost a hospital in itself, with modern pediatric department and attractive children's wards. In the near future, a new building for the School of Nursing will be erected. The Alumnae Association is making every effort to help in this undertaking.

Nebraska: At the annual meeting of the Nebraska State League of Nursing Education the following officers were elected: President, Myra Tucker, Omaha; vice president, Arta Lewis, Hastings; secretary, Homer C. Harris, Omaha; treasurer, Jennie Higgins, Lincoln; directors, Florence McCabe, Blanche Fuller.

New Hampshire: The third quarterly meeting of the New Hampshire Graduate Nurses' Association was held March 10, at the New Hampshire State Hospital, Concord. The principal speaker of the afternoon session was Carrie M. Hall, President of the National League of Nursing Education. Miss Douglass, Director of the Visiting Nurse Association of Hartford, Conn., gave an interesting talk

on the Yale School nurses' work with the Visiting Nurse Association. Mrs. Frances Warren, Director of the Anti-tuberculosis Association of Idaho, spoke on Public Health Nursing in Idaho. Members of the three alumnae associations of Concord were hostesses during the social hour. The next meeting will be held on June 9 at the Portsmouth Hospital, Portsmouth. **Concord.**—The Nurses' Alumnae Association of the New Hampshire State Hospital held its regular meeting January 27, with 18 members present. One new member was accepted and three were proposed. Mrs. Amy McLaren, the new Superintendent of Nurses, was made an Honorary Member. Mrs. McLaren reported that she had arranged for affiliation with the Yale School of Nursing.

New Jersey: The New Jersey State Nurses' Association will hold its annual meeting at the State Hospital, Trenton, April 9. There will be only a business meeting and election of officers at this meeting which will be held in the morning. In the afternoon, the League of Nursing Education will have an interesting program. On the 10th, the State Organization for Public Health Nurses will hold its annual meeting with Clara D. Noyes as the principal speaker. **Newark.**—At the annual meeting of the Alumnae Association of the Newark City Hospital, February 27, officers were elected: President, Carolyn Schmoker; vice presidents, Esther Larner, Elsie Helmers; secretary, Isabelle Bennet; treasurer, Ernestine Abt. District 1 held a theater benefit which was greatly enjoyed and which cleared $1,000, half of which will be sent to State Headquarters, and half to the Nurses' Relief Fund. **Orange.**—The Guild of St. Barnabas presented a play, "The New Poor," at the New Orange High School, February 16, with a full house and good financial returns. **Passaic.** — The Passaic General Hospital Alumnae Association held its annual meeting at the Nurses' Home and elected officers: President, Mrs. E. Pearl; vice president, Ruth M. Smith; secretary, Maude M. Abrahamse; treasurer, Mrs. Mildred Demarest.

New Mexico: The New Mexico State Nurses' Association will hold its annual meeting on April 30, in Albuquerque at the Chamber of Commerce Building.

New York: Auburn.—The annual dinner of the Auburn City Hospital Alumnae was held on February 26, at the Osborne House, with fifty members present to enjoy the dinner, entertainment, and reports. Jessie Bolenius was toastmistress assisted by A. Kate Young. Letters from absent members in this country and Europe were read. Eight new members were welcomed. Helen T. O'Hern gave a history of the Association. Mrs. Muriel H. Brew spoke on What the Alumnae Means to the Student Nurse. After a program of music and dancing, Mrs. Silas Tabor gave a report of the recent District meeting. **Buffalo.**—The regular meeting of District No. 1 was held at the Y. W. C. A., February 10. The speaker was Rev. Samuel V. V. Holmes. The substance of his talk was a tribute to the life and character of Sir William Osler. The Alumnae Associations of the Erie County and Woman's Hospitals were in charge of the program. Resolutions were passed referring to the death of Dr. Grover W. Wende, as an irreparable loss to the nursing profession. At the time of his death Doctor Wende was the first President of the Nurses' Official Registry in Buffalo and its successful launching has been in a large measure due to his intense interest and guidance. **Clifton Springs.**—Edna Rockstroh, class of 1919, studied during the winter of 1924-5 in England, the Art of Midwifery. Since her return to this country she has been engaged in Health Teaching and Midwifery in Leslie County, Kentucky. This county covers an area of 375 square miles and is so isolated that there are no telephones or telegraph and the only way to secure medical aid is to ride on horseback; there is no physician in all this territory. **New York.**—Mount Sinai Hospital School of Nursing held commencement exercises for a class of 83 in the Blumenthal Auditorium Nurses' Home, on March 2. A reception followed the exercises. The New York Hospital held graduating exercises for a class of 18 in the Administration Building on March 3. The Alumnae Association of the New York Post Graduate School of Nursing has appointed the following chairmen of committees: Executive Board, Henrietta Kochlein; Alumnae Room, Otis V. Smith; Publicity, Agnes J. Gardner; Editor of the *Bulletin*, M. Regina Rehill. A gift of $5,000 has been given by Harris C. Fahnestock to Margaret Fahnestock Hall, the Nurses' Home of the Hospital, for the purpose of redecorating and adding new rugs and furniture. Amy F. Patmore has been elected Commander of the Jane A. Delano Post for 1926. On February 23, the Junior Class entertained the graduating class and the Faculty at a theatre party. On the return to the Nurses' Home the Class History

and Prophecy were read. On March 3 Miss Wilson and Staff entertained the Graduating Class at Tea in the Nurses' Home. The graduating exercises of the MARGARET FAHNESTOCK SCHOOL OF NURSES of the New York Post Graduate Hospital were held March 9, at Fahnestock Hall. Fifty-four graduates received diplomas and pins from Dr. John F. Erdmann. The address, "The Old Order Changeth," was given by Dr. Chas. Gordon Heyd. The Mary B. Trimble Scholarship, carrying a monetary award of $100 with two months' administration work, was won by Margaret Eggers. The Class of 1926 have established an Emergency Loan Fund for the benefit of members of the student body of the School. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION met at the Club House on February 23, and enjoyed a talk given by Dr. Nathaniel Faxon on the Development of Strong Memorial Hospital. **Schenectady.**—THE HUDSON VALLEY LEAGUE OF NURSING EDUCATION, again assisted by the State Department of Education, will hold an Institute in Schenectady, April 26 to 30, inclusive. As has been the usual custom, the teaching of practical nursing will again be stressed. A very interesting program is being prepared. It is hoped that this will be found very helpful to all connected with institutional work. Programs and additional information will be sent to the different schools in the State about April 1st. For further particulars apply to Room 442, State Education Bldg., Albany.

North Carolina: The regular meeting of WILSON DISTRICT No. 8 was held January 12, in Greenville. The following officers were elected for the ensuing year: President, Ursula Potts, Tarboro; vice president, Martha Newman, Wilson; secretary and treasurer, Alice L. Ward, Goldsboro. Twenty-eight nurses were present. After the meeting lunch was served by the Greenville nurses.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses, April 20 and 21, at Fargo, N. D. Applications must be in the hands of the Secretary at least ten days prior to the date set for examination. For further information address Josephine Stennes, R.N., Secretary, Rugby, N. D. THE BOARD OF DIRECTORS OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION will meet at Fargo, April 19, to hold its semi-annual business meeting.

Ohio: The twenty-third annual convention of the OHIO STATE ASSOCIATION OF GRADUATE NURSES will be held in Cincinnati, April 14, 15, and 16, headquarters, Hotel Gibson. **Cincinnati.**—Anna M. Drake has resigned the position of supervisor of nursing at the Branch Hospital to become assistant secretary of the Public Health Federation, succeeding Mary L. Hicks, who recently became director of the Health Council of Louisville, Ky. DISTRICT 8 will hold its annual meeting on April 26, at the Good Samaritan Hospital, with the Alumnae of that school as hostesses. THE ALUMNAE OF THE JEWISH HOSPITAL SCHOOL OF NURSING and the students held a card party February 16 and 17. The proceeds amounted to $1,500. The Hope Chest which was assembled by Emma Ruth Ardill and Hattie Heatherington brought in $450. At the February meeting, Mrs. Belle Lowenstein, who has been conducting a class in Parliamentary Law at the hospital, gave a splendid talk on organization and coöperation. THE SCHOOL OF NURSING AND HEALTH, CINCINNATI GENERAL HOSPITAL entertained the Guild of Saint Barnabas for Nurses, at the Nurses' Residence, February 24. There were about one hundred active and associate members present. Canon Chas G. Reade presided. Chaplain General, Bishop Wilson R. Stearly, Newark, N. J., was present and gave an inspiring address on the Lenten Season. Irene Gehrling, a missionary from China, gave a talk on some of her experiences in Chinese hospitals. Members of the Guild in the School of Nursing were hostesses at the social hour which followed. **Cleveland.** — CHARITY HOSPITAL ALUMNAE ASSOCIATION has recently elected the following officers: President, Elizabeth Quinn; vice presidents, Mary Fisher, Rose Deighn White; recording secretary, Mary Dwyer; corresponding secretary, Florence T. Brady; treasurer, Jeanette Fiske. THE LUTHERAN HOSPITAL Junior Class gave a Valentine Party on February 12, in honor of the Probationers. ST. JOHN'S HOSPITAL has recently had to enlarge its nurses' quarters, a fifth large cozy home, which is now being occupied by fourteen nurses, was added to the campus. A round of card parties, attended by the students, was held at the Recreation Hall for the benefit of purchasing suits for the Varsity Team. On February 14, a Valentine Party was held in honor of the Probationers.

Oklahoma: The Oklahoma State Board for the Examination and Registration of Nurses will hold its semi-annual meeting at the State Capitol, Oklahoma City, June 3 and 4. THE OKLAHOMA LAW relating to the Nurse

Practice Act requires that nurses practicing in that state re-register anually on or before July 1st. Nurses who have changed their names or addresses since registering should communicate with the Board Secretary, 200 East Eighth Street, Oklahoma City, Okla. All unregistered nurses, undergraduate nurses or practical nurses wishing to care for the sick for hire, should communicate with the Secretary.

Oregon: The Oregon State Board for Examination and Registration of Nurses will hold an examination at Cathedral Hall, Portland, April 8 and 9. For further information, write to Grace L. Taylor, 448 Center St., Salem, Oregon.

Pennsylvania: Esther Entriken, recently Field Secretary with the Red Cross, on March 17 became Field Secretary of Pennsylvania Graduate Nurses' Association with offices in connection with the State Board of Nurse Examiners in Harrisburg. The Pennsylvania State Organization for Public Health Nursing has the following officers: President, Esther R. Entriken; vice president, Mary Cole Carter; secretary, Julia A. Weder; treasurer, Mrs. J. Pryor Williamson; directors, Katherine Tucker, Netta Ford, Mrs. William R. Mercer, Mrs. Edgar Weimar, Leslie Wentzel. **Lancaster.**—St. Joseph's Hospital Alumnae Association has as officers for 1926: President, Rose M. Baechle; vice president, Anna Houck; secretary, Julia Gorner; treasurer, E. Blanche Seyfert. Chairmen of committees are: Program, Maud Brodhecker; Nominating, Minnie Esbenshade; Auditing, Ella DeHaven; Membership, Rose M. Baechler; Visiting, Anna Lichty. **Philadelphia.**—Frances MacQuaide, one-time Assistant Superintendent of the Philadelphia Visiting Nurse Association, has returned to this country after eight years abroad with the American Red Cross, Near East Relief, and finally with the American Women's Hospitals in Greece. **Pittsburgh.**—An election of officers of The Mercy Hospital Nurses' Alumnae Association was held in the lecture room of the Nurses' Home on January 25. The following officers were elected for the year of 1926: President, Mary McGill; vice presidents, Hilda McAtee, Frances Pinnell; secretary, Mary Walton; treasurer, Mae Murphy; treasurer of Relief Fund, Anna Cannon; and five directors. The Chairmen of the various Committees were then elected: Social, Hilda McAtee; Relief, Mary Drum; Publicity, Mary M. Rau; Eligibility, Madelyn Rhodes; Resolution, Helen Paulin; Auditing, Sister M. Rose; Assistant secretary, Madelyn Rhodes. The Nurses' Alumnae Association of the Allegheny General Hospital held a benefit bridge party and dance at the Nurses' Home, March 26. **Scranton.**—The Alumnae Association of Hahnemann Hospital held its annual meeting in the Nurses' Home, December 6, with a good attendance. The reports of committees showed that much had been accomplished during the year. Officers elected were: President, Carrie Whitney Lewis; vice president, Gertrude Nauman; secretary, Belle Reed; treasurer, Dorothea Kerstetter.

Rhode Island: The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration, May 13 and 14, at 9 a. m., in the Assembly Hall of the Rhode Island College of Education, Providence. For application blanks and further information, address the secretary-treasurer, Evelyn C. Mulrenan, St. Joseph's Hospital, Providence, R. I.

Tennessee: Knoxville.—The Institutional Section of the Knoxville Registered Nurses' Association met in the nurses' residence of Knoxville General Hospital, February 12. Plans for presenting to high school graduates the value of nursing education were discussed. Minnie Davis was appointed chairman of this committee. Hereafter, articles appearing in the *Journal*, bearing upon institutional nurses' work, will be discussed at the meetings.

Texas: The Graduate Nurses' Association of Texas will hold its nineteenth annual meeting in Houston, May 8-11. On Saturday morning, May 8, there will be a business session; in the afternoon, Private Duty Section; in the evening a mass meeting with Laura R. Logan of Chicago as speaker. On Sunday evening, the Guild of St. Barnabas will conduct Florence Nightingale services at Christ Church. Monday morning, the Organization of Public Health Nursing will have charge of the program; in the afternoon there will be a boat ride, and a Red Cross session, with a dinner at six. On Tuesday, the State Association will conclude its business in the morning. In the afternoon, the League of Nursing Education will have charge of the program.

Vermont: The Vermont Board of Registration of Nurses will hold its semi-annual examination for graduate nurses in Montpelier, at the State House, May 13 and 14. Applications may be obtained from Celia E. Brian, Memorial Hospital, Brattleboro. The Executive Board of the Vermont State

NURSES' ASSOCIATION met in Burlington, February 16, Mabel E. Ware presiding. Because of the national convention in May at Atlantic City, it was decided to postpone the annual state meeting until Thursday, June 3.

Virginia: THE VIRGINIA STATE NURSES' ASSOCIATION will hold its annual meeting in Lynchburg, May 4-6.

West Virginia: THE WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED NURSES will hold a state board examination, practical and written, one day only, Wednesday, May 5, at 8 a. m., in Huntington, Martinsburg, Bluefield, and Wheeling. Mrs. Andrew Wilson, Secretary, 1300 Byron St., Wheeling.

Wisconsin: THE MILWAUKEE LEAGUE OF NURSING EDUCATION tendered a dinner at the Milwaukee Elks Club, March 1, to Helen Wipperman, who has recently resigned as superintendent of the Mt. Sinai Hospital, and to Lydia Reich, who has resigned as superintendent of nurses of the Deaconess Hospital. Stella Ackley, president of the League was toastmistress. The speakers of the evening were Adda Eldredge, president of the American Nurses' Association; Lenora Bradley, president of the Milwaukee League of Nursing Education; Hilda Odergaard, director of the Milwaukee School of Nursing; and Mrs. C. D. Partridge, president of the Fourth and Fifth District. Miss Wipperman and Miss Reich responded. Bridge concluded the evening's program. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT held its regular meeting March 9. The members enjoyed a mental treat listening to a talk given by Marie Smith, dramatic teacher of the Lincoln High School, on Books Worth While. The seniors of the St. Mary's Hospital were the guests of the evening and the Alumnae from the hospital were hostesses.

Marriages

Edna Emma Boyd (class of 1919, Lankenau Hospital, Philadelphia) to F. R. Ward, January 4. At home, Chicago, Ill.

Marie L. Gagnon (class of 1907, Erie County Hospital, Buffalo, N. Y.) to C. Getter, February 16. At home, Wadena, Minn.

Edna Gatch (class of 1924, Christ Hospipital, Cincinnati, Ohio) to Doctor Russell, March 10. At home, Cincinnati, Ohio.

Winifred Hinds (class of 1921, Baroness Erlanger Hospital, Chattanooga, Tenn.) to C. C. Crabtree, February 24. At home, Stevenson, Ala.

Allee Jones (class of 1920, Piedmont Hospital, Atlanta, Ga.) to J. C. Owen, March 18. At home, Calhoun, Ga.

Ida Krukenberg to J. E. Smith, M.D., November 26. At home, Clarence, Iowa.

Diana Landberg (Mt. Sinai Hospital, Philadelphia, Pa.) to Max Jacobs, January 15. At home, Hollywood, California.

Mabe Lusk (class of 1910, Ottumwa Hospital, Ottumwa, Iowa) to L. E. Cooper, January 15. At home, Beaconfield, Iowa.

Ada A. McClure (class of 1923, Philadelphia General Hospital, Philadelphia, Pa.) to Leigh D. Mayo, February 20. At home, Rockland, Maine.

Ada McHugh (class of 1924, Massachusetts State Infirmary, Tewksbury, Mass.) to Jack Graney, in January.

Mary Louise McKoin (class of 1915, Danville General Hospital, Danville, Va.) to Loren E. Long, March 3.

Margaret Measmore (class of 1925, Clifton Springs Sanitarium, Clifton Springs, N. Y.) to George E. Stoneman, January 24. At home, Toronto, Ontario, Canada.

Betty Miller (graduate of Mercy Hospital, Pittsburgh, Pa.) to Joseph F. Schut, February 10.

Lillian M. Pazour (class of 1923, Mercy Hospital, Chicago) to C. F. Clauser, M.D., February 10. At home, Kimball, S. D.

Bernice Phillips (class of 1924, Christ Hospital, Cincinnati, O.) to Wilbur Turner, M.D., February 16. At home, Cincinnati, O.

Helen Seifert (class of 1925, Columbus Hospital, Great Falls, Mont.) to Michael J. Bartley, January 20.

Helen Tyler (class of 1924, Clifton Springs Sanitarium, Clifton Springs, N. Y.) to Lawrence Frethey, February 16. At home, Washington, D. C.

Mary A. Van Alstyne (class of 1897, Buffalo General Hospital, Buffalo, N. Y.) to Corson Weaver, February 10. At home, Lynden, Ontario.

Deaths

Marie Anderson (class of 1924, Mt. Carmel School for Nurses, Columbus, Ohio) on January 2, at Grant Hospital. Miss Anderson was a private duty nurse.

Estella Carter (a member of the class of

1926, McPherson Training School, McPherson, Kansas) on February 24, at the State Sanitarium, Norton, of tuberculosis. Miss Carter had been ill for fifteen months.

Sarah Sale Clayton (class of 1923, Washington University School of Nursing, Barnes Hospital, St. Louis, Mo.), at St. Mary's Hospital, St. Louis, on February 20. Burial was from her home at Kirkwood, Mo.

Marcia Estelle Daughtry (class of 1901, Grady Hospital, Atlanta, Ga.) on February 11, after ten days of illness at Grady Hospital, where she was in charge of the Steiner Clinic (a demonstrating wing for treatment of cancer). Miss Daughtry was a charter member of the Georgia State Association of Graduate Nurses. She had served in many offices and was a counsellor at the time of her death. She was a Red Cross nurse, a member of the Legion of Argonne Post No. 1, having served with Base Hospital 43. She had served with the Episcopal Mission Board in a Mission Hospital in Wyoming and in South America and Cuba. She was an inspiration to all who knew her, embodying the highest ideals of nursing and Christian womanhood.

Marguerite Gallagher (a graduate of the Union Hospital School for Nurses, Fall River, Mass.) at the home of her sister in New Bedford, January 23. Following her graduation from the Union Hospital Training School, Miss Gallagher took a postgraduate course at the Boston Floating Hospital, after which she became supervisor of the children's ward at the Union Hospital. Previous to her death, Miss Gallagher took a postgraduate course number of years.

Elizabeth Kesselring (class of 1923, Methodist Episcopal Hospital, Philadelphia, Pa.) on February 10, at her home in Dover, Delaware, after a prolonged illness. Miss Kesselring did visiting nursing in Dover. She will be greatly missed by her friends.

Elizabeth J. McCann (class of 1896, Mercy Hospital, Pittsburgh, Pa.) on March 6 in Pittsburgh. Miss McCann was the first student to enter the School of Nursing of Mercy Hospital. The alumnae regret the loss of their sister nurse.

Ursula Mulhall (class of 1924, St. Mary's Hospital, Rochester, N. Y.) on March 3, of pleural pneumonia. Miss Mulhall fell ill while on duty, caring for influenza cases. During her training days, she established herself as a conscientious, painstaking, capable young woman, attentive to duty and companionable. She held, to an unusual degree, the affection of those among whom she worked and she left an imprint never to be effaced.

Lillie Price (class of 1892, New York Hospital, New York City) in February, at Richmond, Va. Practically all of her life was spent in private duty. Miss Price was the pioneer graduate nurse in Richmond, Virginia, and a member of the Richmond Nurses' Club. Her life exemplified the highest ideals of the nursing profession. She was always faithful to her calling, and as a fitting climax to her life of service, the summons to her great reward was received while at her post of duty in her patient's home.

Recently, **Grace Smith** (class of 1897, Hahnemann Hospital, Philadelphia, Pa.). Miss Smith was a former directress of the Hahnemann Hospital School of Nursing at Scranton. She was always an active worker for her profession; she organized the district nursing association in Scranton. Her death is a loss to the nursing profession.

Mrs. Effie Reese Wheatley (class of 1914, Park View Sanitarium, Savannah, Ga.) on February 13, at Savannah Hospital, of pneumonia, after a short week's illness. For four years after her graduation Mrs. Wheatley did special nursing and endeared herself to Savannah people, but she will be more greatly missed as a valuable and popular official of the City Health Department where for the past eight years she has been the vital statistician. She was greatly interested in giving every baby its legal chance in the world. She was a native Georgian. She remained actively interested in nursing affairs and kept up her services to her Alumnae, as member and officer. The members of her Alumnae mourn her loss and hold the memory of her splendid service as a beacon light.

Bessie Milton Willis (class of 1902, Old Dominion Hospital, Richmond, Va.) at St. Luke's Hospital, Richmond, in March, of streptococcus infection. Miss Willis spent her life doing private duty and was one of the nurses who helped get the bill for registration of nurses passed in Virginia, and also helped establish the I. V. N. A. in Richmond.

Mrs. J. B. Wilson (Emily May Trotter, class of 1898, Ottumwa Hospital, Ottumwa, Iowa) at the Ottumwa Hospital, January 5. Miss Trotter assisted her sister, Elizabeth Trotter, Superintendent, as a head nurse at the Ottumwa Hospital, until her marriage in 1909. Her home was in Ottumwa. Burial was at Owen Sound, Ontario, Canada.

Changing Concepts of Feeble-Mindedness

FORMERLY the transmission to the child of a faulty germ by one or both parents was supposed to cause practically all cases of feeble-mindedness. Today it is established that a large percentage are due to some natal or post-natal condition. Among these conditions are birth injuries and infectious disease. The latter has been found specially likely to produce an arrest in intellectual functions if the onset occurs in the early months of infancy. Thus spinal meningitis, scarlet fever, whooping cough, "sleeping sickness," and similar infections may result in permanent injury to brain tissue involving the regions housing the intellectual portions of the cerebrum. When this occurs, the resulting mental deficiency is as actual in degree as though it were inherited from a long line of defective ancestors. An important difference, however, is found in the fact that no conclusive evidence has yet been offered to show that the injury is transmitted to the germ plasms of these many accidental or acquired cases. This means, then, if the evidence later is confirmed, that the danger of such cases passing on the defect to a new generation is remote. Such a fact will be of tremendous practical significance, for it removes at one sweep the hereditary menace from approximately 50 per cent of all the feeble-minded.

The new concept of the feeble-minded assigns to less than 10 per cent of them any essentially vicious potentialities. And this 10 per cent is comprised almost exclusively of the neglected feeble-minded. The small vicious group (known as "defective delinquents"), because of their spectacular careers, succeed in unjustly stigmatizing the entire class.

A Practical Community Program for Dealing with the Feeble-minded

Identification, by means of routine mental examinations of school children three years or more retarded in their grades and by other devices.

Registration, at some central bureau for purposes of ascertaining size of problem.

Education, in special classes of public schools and in institutional schools.

Training, in simple trade or domestic duties during institutional residence.

Supervision, by trained workers both in jobs and in homes.

Segregation, permanently only for defective delinquents, and for the lower, helpless group of feeble-minded.

Excerpted from Changing Concepts of Feeble-mindedness, by George K. Pratt, M.D., in *Mental Hygiene Bulletin*, January, 1926.

Preventable Deafness

A RECENT editorial in the *Washington Times* says "There are many causes of deafness from birth or early infancy, some due to microbes that attack the new-born child. Twenty-five per cent of such attacks come from heredity, venereal blood disease—one of the worst enemies of the human race and one of the most dreadful punishments of vice."

Deafness of such origin may be total or partial, and it is usually an affliction of the internal ear. The defect is often not recognized until the child fails to talk, the attack of syphilis being unexpected and somewhat elusive. Syphilitic deafness need not be profound, but its gradual or sudden effect on the hearing capacity of the afflicted child often spells economic and social disaster, and it usually reduces life to an obscure and baffling existence. Fortunately, considerable progress has been made in the treatment of deafness of venereal origin, and the future promises still greater progress in its elimination. The early detection of diseased blood in the expectant mother is essential, so that the possible ear damage of the child may be prevented by adequate treatment of the mother before the birth of the child. The preparation and widespread dissemination of information relating to the prevalence, the detection and the prevention of venereal diseases is a most essential and productive health measure to which the United States Public Health Service devotes special attention.—*U. S. Public Health Service Bulletin*, July, 1925.

About Books

Ears and the Man. By Anetta W. Peck, Estella E. Samuelson and Ann Lehman. 220 pages. F. A. Davis Co., Philadelphia. Price, $2.

THIS is one of the unique books of the year because it is a pioneer in a new line of social service endeavor. Because every nurse in active practice is a social service agency of wide influence, the information contained between the covers of this little book should be familiar to her.

Deafness is becoming an admitted handicap to more and more people in their search after social companionship and economic independence. If deafness is not actually increasing among our adult population, it is, at least, becoming a stumbling block in the lives of too many.

The authors of this book are themselves hard of hearing; they know whereof they speak; they became interested in the problems of the hard-of-hearing when they realized that their physical infirmity was likely to result in social isolation and perhaps economic dependence.

Neither of these results seemed to appeal to the three women who have combined their experiences in this book and they began to fight their way to a position where their handicap, while still a handicap, would not be a total obstruction to happy and useful lives.

Through the agency of The New York League for the Hard-of-Hearing, in the formation of which they played an important part, they have for ten years been blazing the trail of a new type of service (not merely another agency doing social service work, but actually a new type of service) in a very necessary and as yet uncharted field.

The problems of the deafened are complex and varied and the authors have very evidently had more or less experience in meeting many of them; not always solving them to their entire satisfaction but nearly always coming to some conclusion, through their failure, which would make a recurrence of failure an improbability under similar circumstances.

This is the essence of value in a book of experience.

In the plying of their vocation there are few trained nurses who at some time do not run across some unfortunate person, who through acute infection, accident, or the insidious onset of catarrhal troubles, is becoming the victim of handicapping deafness. The nurse who can meet the exigencies of the situation with constructive advice and information gleaned from "Ears and the Man" will indeed have earned the title, Angel of Mercy.

There is only one place where the book does not entirely meet the ideals of the reviewer and yet even here he is not willing to register destructive criticism. When this book is rewritten for its second edition, for it most certainly is going to meet that success, the chapter on Ears and the Mind should be augmented by a very plain heart to heart talk with the hard-of-hearing person himself. The present chapter is perhaps all right for the trained nurse or the trained social worker, but for the victim of deafness, it seems to lack that personal touch that brings home to the seeker after constructive aid, his personal obligation to the hearing associates with whom he has to live and his own duty in the process of minimizing his own handicap.

There is a peculiar psychology connected with deafness; too often of a very depressing nature. Not all the victims

of deafness have the wonderful fighting qualities which have made Miss Peck, Miss Samuelson and Miss Lehman successful pioneers in this new line of endeavor; nevertheless they have very happily left the constructive hope that what they have done, others may do also.

The chapters on quack remedies, on the proper hearing device, on the choice of a vocation in which the deafened person may be happy and at the same time not feel too greatly the economic handicap of his infirmity, and the chapter on lip reading as an acquired art that will reduce the handicap, should be read by every hard-of-hearing person.

These chapters alone are worth more than the price of the whole book to any hard-of-hearing person who is looking for a rift in the clouds.

FRANKLIN W. BOCK, M.D.,
Rochester, N. Y.

FOOD FOR THE DIABETIC: What to eat and how to calculate it with common household measures. By Mary Pascoe Huddleson, with an Introduction by Nellis Barnes Foster, M.D. Second Edition. Revised. Illustrated. 83 pages. The Macmillan Company, New York. Price, $1.25.

ALTHOUGH "Food for the Diabetic," as stated by the author, was written primarily for the diabetic patient, it should be included in the library of every dietitian and nurse dealing with these patients.

It furnishes a complete but concise handbook, written in a simple clear style. Sufficient detail is given, together with underlying reasons, to enable a diabetic patient to intelligently carry out a physician's prescription and instructions.

The book starts off with some general rules concerning diet, hygiene, etc., which every diabetic should keep clearly in mind. This is followed by two short chapters, one telling the pathological conditions of diabetes, the other giving some general facts about food which are very important as a background.

A section on the treatment of diabetes, tersely put, is followed by an explanation of the equipment needed in the preparation of a diabetic's diet prescription.

Three prescriptions, which vary quite widely, are worked out in detail and are followed by a grouping of foods according to the grams of carbohydrate, protein and fat which they contain. Both the prescriptions and the lists of foods would be of assistance to both nurse and patient working out diets according to a physician's prescription.

The recipes included in "Food for the Diabetic" are well selected and clearly given. Many of them are unusual and would provide interest in a diet which perforce must be monotonous unless much thought is put into its preparation.

A certain amount of repetition is included, but this adds to the value of the book in emphasizing some of the most important points.

ANNIE L. WEEKS,
East Northfield, Mass.

MEMORANDA OF TOXICOLOGY. By Max Trumper. Introduction and Addenda by Henry Leffmann. 230 pages. P. Blakiston's Son and Co., Philadelphia. Price, $1.50.

THIS is a convenient, compact little manual of the principal and important data in toxicology. It is published in flexible binding, and measures 6 by 4½ inches. The book will be most valuable for medical practitioners, but nurses may also find it a ready reference concerning the properties of poisons, without searching through a more ponderous volume.

The author brings data which have appeared in previous books up to date,

and has added a considerable amount of information regarding the more recently recognized poisons such as tetrethyl lead, and salts of barium occurring in barium sulphate, used in X-ray work.

The book is divided into four parts which compose thirty-four chapters, an Appendix, Addenda and Index. The first part includes a discussion on general toxicology, dealing with the mode of action of poisons, diagnosis, and general treatment, as well as detailed information regarding corrosives. Parts two and three include salient points about simple irritants and specific poisons. Part four deals with the poisons which the author calls neurotic poisons,—poisons which affect the central nervous system. The Appendix describes symptoms which result from the bites of venomous reptiles, rabid animals, and the stings of insects. The nature and the scope of the Addenda are indicated by the headings of the articles which it contains, namely: "Tobacco as a Medium for the Administration of Potent Drugs," "Drug Addiction," The "Poison-Rum Problem," What is a Poison? First Aid and Universal Antidote. These are abstracts of articles which appeared recently in the American Journal of Pharmacy.

The book is based on Doctor Tanner's Memoranda of Poisons which for many years was recognized as a well arranged compilation. The author has followed a physiological classification of drugs. This arrangement makes it easier for the reader to learn the outstanding symptoms of the more common poisons. As a manual for nurses, this text is no doubt superior to any other available at the present time. It contains the essential facts which may be readily found.

NORMA SELBERT, R.N.,
College of Medicine,
Ohio State University.

ULTRA-VIOLET RAYS. By Percy Hall, M.R.C.S. 110 pages. Illustrated. The C. V. Mosby Co., St. Louis. Price, $3.75.

AS a concise, compact, and conservative reference book for the nurses' library I should thoroughly recommend this little volume. The absence of physical terms and equations, which the average nurse finds so hard to decipher, is a great point in its favor. The author has expressed himself so clearly that there is no difficulty in grasping the facts.

The chapters on sunshine and heliotherapy are especially interesting, and could with profit be brought to the attention of all nurses having the care of children. The cure of the rachitic and tuberculous children alone is a tremendous one. The form of treatment has proved of so much value, that it is hoped, in the very near future, that all hospitals and clinics for children will have ample ultra-violet ray equipment.

We will look forward to a second edition in which the author will include a chapter on the dangers connected with ultra-violet radiation. There are several as, for instance, Dr. Leonard E. Hill, of London, points out: if too much ultra-violet radiation is given to surgical tuberculous children, the bactericidal action of the blood, instead of being increased, is lessened. Inaccurate calculation of dosage, we know, results in extensive and prolonged skin destruction, etc. This type of treatment is still in its infancy. If the nurses would train themselves to accurately observe and note all symptoms as well as the exact dosage, their records would be of the greatest assistance to such investigators as Percy Hall.

MYRA B. CONOVER, R.N.,
Boston, Mass.

HEADACHE: Its Causes and Treatment. By Dr. Thomas F. Reilly. 246 pages. P. Blakiston's Son and Co., Philadelphia. Price, $3.

AN interesting and easily read little book of 246 pages, written primarily for those who are called upon to diagnose and treat; viz., the doctors. There is much of interest for the nurse, however, who is so frequently called upon to assist in caring for this exceedingly common symptom. Says the writer: "It must always be borne in mind that the psychology of having done something for the headache by its possessor, or by someone else, causes the condition to be accepted and in a measure forgotten."

TEACHERS COLLEGE RECORD, January, 1926. Bureau of Publications, Teachers College, Columbia University. Price, 30 cents.

THIS number of the *Record* contains an article, "Mary Adelaide Nutting: Educator and Builder," by Dr. Willystine Goodsell, Assistant Professor of Education, Teachers College. Says Miss Goodsell:

> It is perhaps needless to say that a mind so critical and constructive, a personality so eager and dynamic as Miss Nutting's, has by no means wholly withdrawn from the arena of the world's work in resigning from the College. Avenues of social usefulness will inevitably beguile her in the years to come, even if her burden of work and responsibility be lighter than in past decades. A few choice spirits live with every ounce of their being so long as they draw breath; and these are the men and women forever challenged by the pathos, the need, the possibilities of humanity.

This article is a beautiful and scholarly evaluation of Miss Nutting's work that should find a place in the library of every instructor in the History of Nursing.

TWENTY AIDS TO MENTAL HEALTH FOR ADULTS. By Henry B. Elkind, M.D. Publication No. 46 of Massachusetts Society for Mental Hygiene, Boston. 5 cents per copy. In lots of 100 or more, $3 per hundred. Postage extra.

A REMARKABLY helpful series of statements packed into a little leaflet that can be carried in the pocketbook until one has learned to put to use the philosophy and axioms which are summed up as follows in a final paragraph:

> Life is hard and tough at times for all of us; we all have our burdens to bear. But, after all, happiness is not obtained by trying to change life, but by trying to so train ourselves as to get happiness out of our difficulties as well as out of our opportunities.

FOOD: WHY? WHAT? HOW? The ten thousand copies of this interesting pamphlet which were published in June, 1924, were quickly distributed. It has now been revised and reprinted. Although intended primarily for use by Red Cross classes, the material is worthy of even wider use. Sample copies may be obtained free of charge from National Red Cross Headquarters, Washington, D. C. "The Organization of the Nutrition Service" is another pamphlet which may be obtained for the asking from the National Red Cross.

A CALENDER FOR 1926. The League of Red Cross Societies has put out an attractive and interesting calendar. Most of the illustrations are from posters published by the various national Red Cross societies and they make a many-sided appeal as do the quotations accompanying them. The calendar, a true stimulant to internationalists, may be had for only twenty-five cents per copy from the Secretariat, League of Red Cross Societies, 2 Avenue Velasquez, Paris, France.

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